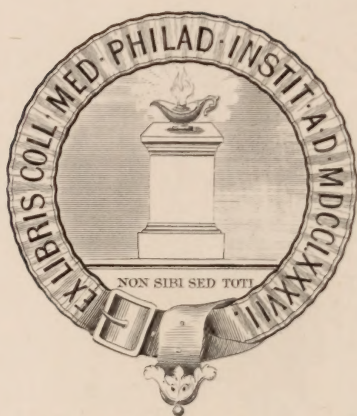




15361



No. \_\_\_\_\_





Digitized by the Internet Archive  
in 2014





THE

# Cincinnati Lancet & Observer.

EDITED BY

EDWARD B. STEVENS, M.D. . . JOHN A. MURPHY, M.D.

OF CINCINNATI,

and

GUSTAV C. E. WEBER, M.D.

PROFESSOR OF SURGERY IN CLEVELAND MEDICAL COLLEGE.



VOLUME IV. . . . . NEW SERIES, 1861.  
WHOLE VOLUME XXII.

CINCINNATI:  
PUBLISHED BY E. B. STEVENS, M.D.

OFFICE: 130 RICHMOND STREET.

S. G. COBB, PRINTER.

1861.

## CONTRIBUTORS TO VOL. IV., 1861.

|                                                                        |                      |
|------------------------------------------------------------------------|----------------------|
| GEO. C. BLACKMAN, M.D., Professor of Surgery, Medical College of Ohio. |                      |
| W. T. BROWN, M.D.,                                                     | Cincinnati.          |
| J. R. BLACK, M.D.,                                                     | Cambridge, Ohio.     |
| J. BOWMAN, M.D.,                                                       | Sisterville, Va.     |
| JOHN S. BILLINGS, M.D.,                                                | Cincinnati, O.       |
| W. H. BRYANT, M.D.,                                                    | Rochester, Mo.       |
| DRS. BOND & PEARCE,                                                    | Mechanicsburg, O.    |
| H. CULBERTSON, M.D.,                                                   | Zanesville, O.       |
| E. S. COOPER, M.D., Prof. Anat. & Surg., Univ. of the Pacific.         | San Francisco, Cal.  |
| N. H. CANADAY, M.D.,                                                   | Knightstown, Ind.    |
| S. C. CHASE, M.D.,                                                     | Harmar, O.           |
| W. T. S. CORNETT, M.D.,                                                | Versailles, Ind.     |
| A. P. DUTCHER, M.D.,                                                   | Enon Valley, Pa.     |
| G. V. DORSEY, M.D.,                                                    | Piqua, O.            |
| B. F. ELDER, M.D., Sec'y Union Indiana Medical Society.                |                      |
| GEO. R. ERVINE, M.D.,                                                  | Rook City, Ills.     |
| C. N. FOWLER, M.D.,                                                    | Poland, O.           |
| CHARLES GREENLEAF, M.D.,                                               | Cincinnati, O.       |
| O. C. GIBBS, M.D.,                                                     | Frewsburg, N. Y.     |
| D. S. GANS, M.D.,                                                      | Cincinnati, O.       |
| LEWIS GRATIGNY,                                                        |                      |
| W. F. HARVEY, M.D., Sec'y Hendricks County, Indiana, Medical Society.  |                      |
| J. F. HIBBERD, M.D.,                                                   | Richmond, Ind.       |
| L. A. HAMILTON, M.D.,                                                  | Chariton, O.         |
| R. E. HOUGHTON, M.D.,                                                  | Richmond, Ind.       |
| C. A. HARTMANN, M.D.,                                                  | Cleveland, O.        |
| R. H. JOHNSON, M.D.,                                                   | Cincinnati, O.       |
| JOHN LEWIS, M.D.,                                                      | Ogden, Ind.          |
| W. H. LAMME, M.D.,                                                     | Centerville, O.      |
| W. LOCKHART, M.D.,                                                     | Danville, Ind.       |
| W. A. LOGAN, M.D.,                                                     | Leavenworth, Kansas. |
| W. H. MUSSEY, M.D.,                                                    | Cincinnati, O.       |
| W. H. MATCHETT, M.D.,                                                  | Ithaca, O.           |
| ALEX. MCBRIDE, M.D.,                                                   | Berea, O.            |
| ISAAC MENDENHALL, M.D.,                                                | Ashland, Ind.        |
| J. W. MENDENHALL, M.D., Sec'y Clermont County Medical Society.         |                      |
| GEORGE MENDENHALL, M.D.,                                               | Cincinnati, O.       |
| C. MCKENZIE, M.D.,                                                     | New York City.       |
| R. R. McMEENS, M.D.,                                                   | Sandusky, O.         |
| E. M. MORRISON, M.D.,                                                  | New Madison, Ind.    |
| S. F. NEWCOMER, M.D.,                                                  | Greenfield, O.       |
| E. A. OPPELT, M.D.,                                                    | New Hagerstown, O.   |
| S. B. POTTER, M.D.,                                                    | Fredericktown, O.    |
| G. L. PURDY, M.D.,                                                     | Salem Station, O.    |
| J. I. ROOKER, M.D.,                                                    | Castleton, Ind.      |
| JOHN REA, M.D., Sec'y New Castle, Indiana, Medical Society.            |                      |
| J. W. SMITH, M.D.,                                                     | Wellington, O.       |
| S. SCOVILLE, M.D., Sec'y Clermont County Medical Society.              |                      |
| L. D. SHEETS, M.D.,                                                    | Liberty, Ind.        |
| A. H. STEPHENS, M.D.,                                                  | Camden, O.           |
| C. T. SIMPSON, M.D., Sec'y Academy of Medicine,                        | Cincinnati, O.       |
| J. H. TATE, M.D.,                                                      | Cincinnati, O.       |
| DR. J. E. THOMPSON,                                                    | Lynchburg, Ills.     |
| W. H. TAYLOR,                                                          | Augusta, Ky.         |
| W. E. THOMPSON, M.D.,                                                  | Hendricks Co., Ind.  |
| A. L. UNDERWOOD, M.D.,                                                 | St. Paul, Ind.       |
| E. WILLIAMS, M.D.,                                                     | Cincinnati, O.       |
| B. S. WOODWORTH, M.D.,                                                 | Fort Wayne, Ind.     |
| R. WALLACE, M.D., Sec'y Eaton Medical Society.                         |                      |
| SAMUEL WILLEY, M.D.,                                                   | St. Paul, Minnesota. |
| GEO. R. WEEKS, M.D., Letter from Cheat Mountain, Va.                   |                      |
| E. B. S., Editorial Letter from New York City.                         |                      |
| "LECTOR."                                                              |                      |
| B., Boston Correspondent.                                              |                      |
| "OLD FOGY."                                                            |                      |



# CONTENTS FOR 1861.

---

|                                                                               |                    |
|-------------------------------------------------------------------------------|--------------------|
| Abortion, Lead Poisoning Producing .....                                      | 515                |
| Acupressure .....                                                             | 190                |
| Addison's Disease .....                                                       | 614                |
| Affections of the Mouth, Iodate of Potassium in .....                         | 258                |
| Albuminuria, Quinine in .....                                                 | 257                |
| American Medical Association .....                                            | 234, 302           |
| American Medical Gazette .....                                                | 57                 |
| American Pharmaceutical Association, Notice of Proceedings of .....           | 54                 |
| Ammoniæmia .....                                                              | 352                |
| Amniotic Liquid, Escape of .....                                              | 159                |
| Amputation of the Fore-Arm, Excision of the Tendons in .....                  | 637                |
| Anæsthetic Aid in Midwifery, On the Value of an .....                         | 570                |
| Aneurism cured by Digital Compression .....                                   | 105                |
| Animal Parasites of the Human Body .....                                      | 248, 305           |
| Anthrax, New Method of Treating .....                                         | 506                |
| Apoplectic Congestions, Arsenious Acid in .....                               | 634                |
| Asthma, Tartar Emetic in, 561 ; Oxygen in .....                               | 563                |
| Bandages of Gutta Percha and Iron .....                                       | 638                |
| Battle of Bull Run—One Day's Experience on the Battle Field .....             | 546                |
| Belladonna Shortening Labor .....                                             | 516                |
| Bellevue Hospital Medical College, Inauguration of .....                      | 753                |
| Bilious Fever, Brief View of—Alex. McBride, M.D. ....                         | 717                |
| Blenorrhœa, Treatment of .....                                                | 129, 708, 709      |
| Blepharitis Puriformis Neonatorum—R. H. Johnson, M.D. ....                    | 412                |
| Brain, Case of Congestion and Softening of—R. R. McMeens, M.D. ....           | 329                |
| Bromide of Potassium, Anæsthetic Properties of .....                          | 507                |
| Burns, Cherry-Laurel Water in, 67 ; Rhubarb, Bismuth and Glycerine in .....   | 97                 |
| Cancer, Soot in .....                                                         | 67                 |
| Cases and Observations from my Note-Book—J. R. Black, M.D. ....               | 14                 |
| Castor-Oil Plant, Lactagogue Effects of .....                                 | 261                |
| Causes of Disease, Exciting and Predisposing—J. R. Black, M.D. ....           | 349, 471           |
| Cerebral Diseases of Children, Iodide of Potassium in .....                   | 257                |
| Chancre, Stearate of Iron in, 508 ; Chancre and its Treatment .....           | 638                |
| Children, Hypophosphites in Anæmic Condition of .....                         | 385                |
| Chloroform, Asphyxia from, 706 ; To prevent Vomiting after Inhalation .....   | 633                |
| Chloroform, How produces Death ; Experiments—H. Culbertson, M.D. ....         | 649                |
| Chloroform, Local Employment in Dislocations, 68 ; in Spurious Pregnancy ..   | 323                |
| Chloroform, Remarks on, 30 ; Death from, 59 ; Philosophy of Death by .....    | 303                |
| Cholera Infantum cured by Fowler's Solution .....                             | 258                |
| Chorea, Treatment of, 63 ; Pills for .....                                    | 711                |
| Chronal Law of the Pulse, Treatise on the—Alex. McBride, M.D. ....            | 137                |
| Cincinnati Academy of Medicine, Proceedings of .....                          | 352, 611, 683, 721 |
| Clermont County Medical Association, Proceedings of .....                     | 28, 483            |
| Commercial Hospital of Cincinnati .....                                       | 119, 241, 369, 555 |
| Conceptions, Frequency of, in Anæmia, etc. ....                               | 160                |
| Constipation, Treatment of .....                                              | 708                |
| Consumption, Is it Contagious ?—"Lector" .....                                | 681                |
| Convergent Strabismus, Operation for .....                                    | 637                |
| Coolidge's Statistical Report on the Sickness and Mortality in the U. S. Army | 53                 |
| Craniotomy, Different Methods of .....                                        | 68                 |
| Croup, Ice-Water in .....                                                     | 706                |
| Cutaneous Diseases, Remedies for .....                                        | 451                |
| Delirium Tremens, Treatment of, 707 ; Mania-a-Potu, .....                     | 62                 |
| Dental Surgery, Plaster of Paris in .....                                     | 380                |



|                                                                            |                         |
|----------------------------------------------------------------------------|-------------------------|
| Diabetes, and its Successful Treatment, Camplin on.....                    | 238                     |
| Diarrhœa—from Teething, 258 ; Recipe for.....                              | 641                     |
| Diphtheria .....                                                           | 106, 158, 286, 504, 506 |
| Diphtheria—John Lewis, M.D.....                                            | 201                     |
| Diphtheria, Case of, with Remarks—N. H. Canaday, M.D.....                  | 207                     |
| Diphtheria, Greenhow's Work on.....                                        | 178                     |
| Diphtheria, Slade on the Nature and Treatment of.....                      | 237                     |
| Diphtheritis—J. W. Smith, M.D.....                                         | 19                      |
| Diseases of the Joints, Barwell's Treatise of .....                        | 623                     |
| Diseases of the Skin, Chloride of Zinc in.....                             | 538                     |
| Diseases Peculiar to Women, etc., Hodge's, Review of .....                 | 51                      |
| Disinfecting Wounds, Iodized Liquid for.....                               | 507                     |
| Dysentery, Saline Cathartics in .....                                      | 258                     |
| Dysmennorrhœa and Sterility.....                                           | 567                     |
| Dyspepsia, Remarks on.....                                                 | 504                     |
| Eaton Medical Society, Proceedings of .....                                | 421, 733                |
| Eczema, Treatment of .....                                                 | 635                     |
| Editorial Correspondence.....                                              | 428                     |
| Electric Light for Surgical Operations .....                               | 67                      |
| Embolia in the Arteries of the Extremities .....                           | 617                     |
| Eminent American Physicians and Surgeons, Gross' Lives of .....            | 300                     |
| Epilepsy, Castration for—James I. Rooker, M.D.....                         | 274                     |
| Epilepsy, Some Reflections on—R. E. Houghton, M.D.....                     | 403                     |
| Epilepsy, Surgical Treatment of—Jno. S. Billings, M.D. ....                | 334                     |
| Epilepsy, Treatment of, 64 ; Belladonna in.....                            | 634                     |
| Erysipelas, Acetic Acid in .....                                           | 310                     |
| Ether and Chloroform, Oxygen an Antidote for.....                          | 634                     |
| Exfoliation of the Upper Portion of the Skull.....                         | 66                      |
| Fever, Lyon's Treatise on.....                                             | 365                     |
| Fistula of the Breast .....                                                | 262                     |
| Forceps, The Spring .....                                                  | 767                     |
| Fracture of the Os Innominatum, Case of—W. H. Mussey, Surgeon, .....       | 21                      |
| Fracture of the Skull, Case of—W. H. Bryant, M.D.....                      | 464                     |
| Fractures—Skull, 189 ; Neck of Scapula, 261 ; Ulna, 312 ; Both Femurs .... | 313                     |
| Fractures, Remarks on Treatment, 314 ; Fractured Jaw-Bones, Treatment of.. | 260                     |
| Funis Presentation treated successfully by the Posture Method .....        | 197                     |
| Gonorrhœa, Persulphate of Iron in—A. H. Stephens, M.D.....                 | 474                     |
| Gonorrhœa, Treatment of .....                                              | 129, 709, 710           |
| Gout, Treatment of, etc.....                                               | 373, 504, 565           |
| Gunshot Wounds, Observations on.....                                       | 761                     |
| Hæmatidrosis (Bloody Sweat).....                                           | 444                     |
| Hæmaturia, Alum Injections in .....                                        | 311                     |
| Harmlessness of Introduction of Air into the Veins after Bleeding.....     | 484                     |
| Head, Case of Severe Injury of, with Loss of Brain—W. H. Matchett, M.D...  | 86                      |
| Health Departments of Literary Magazines .....                             | 629                     |
| Hendricks County Medical Society, Proceedings of .....                     | 30                      |
| Hip-Joint, Luxations of the—W. E. Thompson, M.D.....                       | 457                     |
| Homœopathy, Beauties of, 124 ; Renunciation of .....                       | 542                     |
| Hospital Practice, Lyon's Handbook of.....                                 | 181                     |
| Human Physiology, Dalton's Treatise on .....                               | 297                     |
| Hunter Memorial—Dr. Russell's Circular .....                               | 58                      |
| Hydrocephalus, Croton Oil in.....                                          | 259                     |
| Hydrophobia, Perchloride of Iron in .....                                  | 634                     |
| Hydrothorax, Case of, with Operation—Drs. Bond and Pearce.....             | 469                     |
| Hygiene of the Sewing Machine .....                                        | 183                     |
| Hypodermic Medication .....                                                | 99                      |
| Imperforate Hymen, Extraordinary Case of, with Successful Operation.....   | 232                     |
| Incontinence of Urine.....                                                 | 310                     |
| Indolent Ulcers, Vapor of Iodine against.....                              | 507                     |
| Infantile Alimentation, Rennet Whey as an Article of—C. A. Logan, M.D. ... | 394                     |
| Infant Alimentation .....                                                  | 577                     |
| Ingrowing Toe-Nails, Treatment by Perchlorure de Fer .....                 | 630                     |

|                                                                       |                         |
|-----------------------------------------------------------------------|-------------------------|
| Injuries simulating Fracture of the Skull .....                       | 191                     |
| Intellectual Powers of Man, Lecture on.....                           | 302                     |
| Introductory Address before the Medical College of Ohio .....         | 117                     |
| Irritability of the Stomach, Creosote in .....                        | 633                     |
| Knee-Joint, Case of Exsection of—E. S. Cooper, A.M., M.D. ....        | 604                     |
| Laryngoscope.....                                                     | 378                     |
| Letters from Camp Chase.....                                          | 697, 742                |
| Letter from Camp Cheat Mountain Summit .....                          | 620                     |
| Letter from an Old Foggy, 291 ; From Young Foggy to an Old Foggy..... | 427                     |
| Letters from Boston, Mass. ....                                       | 110, 229, 362, 488, 619 |
| Ligating the Arteria Innominata, Case of—E. S. Cooper, A.M., M.D..... | 475                     |
| Ligation of the Arteria Innominata, Case of .....                     | 50                      |
| Lunatic Asylums, Annual Reports of .....                              | 182                     |
| Luxation of the Big Toe .....                                         | 486                     |
| Making one Finger of two Pieces—E. S. Cooper, A.M., M.D. ....         | 393                     |
| Malformation, A Case of—G. L. Purdy, M.D. ....                        | 531                     |
| Mal-Position of Fœtus corrected by External Manipulation.....         | 134                     |
| Malpractice, Jury Trials in Suits of.....                             | 625                     |
| Marshall Hall Method.....                                             | 518                     |

## MATERIA MEDICA—

|                                       |              |                                            |     |
|---------------------------------------|--------------|--------------------------------------------|-----|
| Aconite.....                          | 447          | Mesenna .....                              | 511 |
| Action of Sulphate of Quinine.....    | 319          | Metamorphia .....                          | 765 |
| Anacahuite Wood.....                  | 644          | Oil of Turpentine as an Anæsthetic.....    | 645 |
| Arnica .....                          | 568          | Perchloride of Iron.....                   | 485 |
| Cantharidin and its Preparations..... | 643          | Phellandrium Aquaticum.....                | 318 |
| Caustic Lint .....                    | 192          | Phosphate of Lime.....                     | 510 |
| Chlorate of Potassa.....              | 193          | Phosphate of Strychnia.....                | 646 |
| Chloride of Zinc.....                 | 69           | Polygonum Aviculare.....                   | 193 |
| Chlorodyne.....                       | 320          | Polypodium Incanum.....                    | 568 |
| Coal-Tar and Carbolic Acid .....      | 320          | Propylamin.....                            | 509 |
| Colchicum Autumnale.....              | 448          | Sanguinaria Canadensis.....                | 509 |
| Comparative Value of Aconites.....    | 447          | Secale Cornutum in Affections of the Eye.. | 194 |
| Curious Effects of Flax-seed.....     | 193          | Sulphate of Iron .....                     | 645 |
| Disinfected Cod-Liver Oil.....        | 508          | Sulphate of Lime.....                      | 569 |
| Diuretic Action of Colchicum .....    | 765          | Syrup of Lactucarium.....                  | 321 |
| Dugong Oil .....                      | 508          | Tannate of Bismuth .....                   | 194 |
| Effects of Asclepias Syriaca .....    | 644          | Therapeutical Effects of Bromide of Potas- |     |
| Erodium Cicutarium.....               | 448          | sium .....                                 | 645 |
| Erythroxylon Coca.....                | 193          | Therapeutical Uses of Digitalis.....       | 646 |
| Globularia Alypum L.....              | 510          | Toxical Accidents from Santonine.....      | 568 |
| Glycerine Ointments.....              | 387          | Quinio .....                               | 319 |
| Glycerole of Chlorate of Potash.....  | 646          | Quinine, Remedial Power of.....            | 233 |
| Indian Hemp.....                      | 389          | Valerianate of Strychnia.....              | 70  |
| Indigenous Species of Eupatorium..... | 448          | Veratrum Viride .....                      | 70  |
| Japanese Isinglass.....               | 569          | Veratria .....                             | 72  |
| Keresolene .....                      | 642 765, 766 | Worrara .....                              | 187 |
| Liriodendron Tulipifera... ..         | 511          | Yellow Jessamine.....                      | 643 |

|                                                                              |                                                  |
|------------------------------------------------------------------------------|--------------------------------------------------|
| Mechanical Dentistry, Richardson's Practical Treatise on .....               | 236                                              |
| Medical Appointments, Gov. Denuison and his .....                            | 433                                              |
| Medical College of Ohio .....                                                | 242, 304                                         |
| Medical Colleges, Notices of .....                                           | 245, 304, 371, 702                               |
| Memoranda Medica, Hartshorne's.....                                          | 115                                              |
| Menorrhagia, Arsenics in .....                                               | 385                                              |
| Menstruation, Vicarious, 136 ; Cause of, 326 ; Treatment of Diseases of..... | 567                                              |
| Miasmata—William F. Harvey, M.D. ....                                        | 521                                              |
| Military Hospital of Cincinnati.....                                         | 497, 628, 699                                    |
| Military Surgeon, Tripler & Blackman's Hand-book for.....                    | 364                                              |
| Military Surgeons .....                                                      | 366, 367, 437, 440, 494, 499, 500, 560, 626, 703 |
| Military Surgery, Treatise on.....                                           | 434                                              |
| Milk-Sickness, Cause of—S. C. Chase, M.D. ....                               | 347                                              |
| Milk-Sickness—Isaac Mendenhall, M.D. ....                                    | 142                                              |
| Mollities Ossium, Case of—W. H. Lamme, M.D.....                              | 215                                              |
| Neuralgia.....                                                               | 101, 126, 563, 707                               |
| Newcastle (Ind.) Medical Society, Proceedings of.....                        | 286                                              |
| New Electric Pile.....                                                       | 520                                              |
| Nocturnal Sweats, Tannate of Quinia in .....                                 | 310                                              |



|                                                                                                                    |                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------|
| Non-Inflammable Dresses.....                                                                                       | 701                |
| Observation of Disease, Value and Fallacy of Statistics in .....                                                   | 300                |
| Obstetrical Auscultation .....                                                                                     | 44                 |
| Obstetrical Cases—Samuel Willey, M.D.....                                                                          | 713                |
| Obstetrics, A Case in—John Lewis, M.D .....                                                                        | 605                |
| Obstetrics, Bedford's Principles and Practice of.....                                                              | 745                |
| Obstetrics, Case in .....                                                                                          | 49                 |
| Obstetrics, Case in, with Singular Abnormal Fœtus—John Lewis, M.D. ....                                            | 532                |
| Obstetrics, Cases in—George R. Ervine, M.D.....                                                                    | 280                |
| Obstruction of Liver removed by Unusual Remedies—C. A. Hartmann, M.D. .                                            | 528                |
| Occlusion of the Os Uteri, impeding Labor .....                                                                    | 135                |
| Occlusion of the Vagina, Exostosis, Forcible Delivery and Death.....                                               | 323                |
| Ohio State Medical Society.....                                                                                    | 180, 243, 435, 712 |
| Ophthalmic Practice, Rare Cases in—E. Williams, M.D.....                                                           | 217, 398           |
| Ophthalmology, Cases in—R. H. Johnson, M.D. ....                                                                   | 153                |
| Our National Crisis .....                                                                                          | 122                |
| Ova, The Yearly Ripening of .....                                                                                  | 136                |
| Ovarian Dropsy, Juice of the White Onion Curing.....                                                               | 515                |
| Ovarian Tumor, Successful Removal of—E. S. Cooper, M.D. ....                                                       | 9                  |
| Ovarian Tumors .....                                                                                               | 295, 325, 381, 384 |
| Paine's Institutes of Medicine .....                                                                               | 236                |
| Paralysis, 106, 257, 379, 613 ; Paralysis of Muscles of Eyes, Phosphorus in ...                                    | 257                |
| Parturition with Intermittent and Remittent Fever—E. M. Morrison, M.D. .                                           | 345                |
| Passage of Medicine into the Milk of the Nursing .....                                                             | 261                |
| Pelvic Cellulitis .....                                                                                            | 199                |
| Persulphate of Iron, in Post-Partum Hæmorrhage, 288 ; Urethral Chancre .                                           | 381                |
| Philip Syng Physick .....                                                                                          | 239                |
| Phlebothrombosis, Case of, after Delivery.....                                                                     | 199                |
| Phthisis Pulmonalis, Lawson's Practical Treatise on.....                                                           | 173                |
| Phthisis, Treatment of, 504 ; Terebinthinated Caoutchouc in, 758 ; Hypophosphites in, 759 ; Liquor Potassæ in..... | 759                |
| Physical Training .....                                                                                            | 632                |
| Placenta, Delivery of, in Early Abortion .....                                                                     | 39                 |
| Placenta, On Removing the, 165 ; Case of Diseased .....                                                            | 196                |
| Placenta Prævia .....                                                                                              | 69                 |
| Poisoning—Antidote for Poison-Oak, 633 ; Euphorbia Prostrata in Rattlesnake                                        | 633                |
| Poisoning by Belladonna—Samuel Willey, M.D.....                                                                    | 609                |
| Poisoning by Stramonium Leaves used as an Enema—S. B. Potter, M.D....                                              | 91                 |
| Poisoned Wound received while Butchering .....                                                                     | 287                |
| Pneumonia, and its Incidental Complications—A. P. Dutcher, M.D. ....                                               | 10                 |
| Pneumonia, Case of Double, treated with Quinine—O. C. Gibbs, M.D. ....                                             | 211                |
| Pneumonia, Quinine in—Alex. McBride, M.D. ....                                                                     | 480                |
| Pocket Electro-Medical Apparatus.....                                                                              | 520                |
| Popliteal Aneurism cured by Digital Compression—Geo. C. Blackman, M.D...                                           | 151                |
| Practical Medicine, Progress of, in France.....                                                                    | 387                |
| Practice of Medicine, Maxson's Treatise on .....                                                                   | 493                |
| Pregnancy and Tumors of the Abdomen, Difficulty of Diagnosis .....                                                 | 322                |
| Pregnancy, Vomiting in, 96, 99, 536, 611, 633, 701 ; Extra Uterine.....                                            | 228                |
| Pregnant Women, The Streaks o'n the Abdomen of .....                                                               | 323                |
| Premature Labor and Abortion, Induction of.....                                                                    | 132                |
| Prolapsus of the Umbilical Cord, Case of—W. T. Brown, M.D.....                                                     | 92                 |
| Prolapsus Uteri and Galvanocautic .....                                                                            | 135                |
| Prostatorrhœa .....                                                                                                | 191                |
| Puerperal Convulsions.....                                                                                         | 516, 647           |
| Puerperal Fever.....                                                                                               | 197, 515, 683, 733 |
| Puerperal Fever, connected with Intermittent Fever—O. C. Gibbs, M.D. ....                                          | 276                |
| Puerperal Fever, Quinine in—B. S. Woodworth, M.D. ....                                                             | 342                |
| Puerperal Peritonitis, Large Doses of Opium in .....                                                               | 647                |
| Quackery Unmasked, King's, 116 ; Quacks a Hundred Years Ago .....                                                  | 559                |
| Reduction of a Dislocated Humerus after eighteen weeks .....                                                       | 188                |
| Reductions of Luxations of the Head of the Humerus by Manipulation.....                                            | 507                |
| Reid's Method .....                                                                                                | 188                |



|                                                                             |               |
|-----------------------------------------------------------------------------|---------------|
| Report of Cases—C. N. Fowler, M.D. ....                                     | 271           |
| Rheumatism.....                                                             | 100, 373, 563 |
| Sanitary Commission, Members of, etc., 438; Sanitary Rules for Soldiers.... | 382           |
| Scabies, Treatment of.....                                                  | 624           |
| Scarlet Fever and its Treatment.....                                        | 311, 562      |
| Sclerema Neonatorum (Skin-Bound Disease).....                               | 540           |
| Scooping the Upper Part of a Diseased Tibia—E. S. Cooper, A M., M D.....    | 150           |
| Secession of Medical Students from the New York University.....             | 185           |
| Secretion of the Milk, Belladonna as a Preventive, 262; Compressed Sponge.. | 263           |
| Sinapisms, Oil of Mustard for.....                                          | 539           |
| Small Pox, Chlorine in.....                                                 | 259           |

## SOME NEW FORMULÆ—

|                                                         |     |                                            |         |
|---------------------------------------------------------|-----|--------------------------------------------|---------|
| Alum Lozenges.....                                      | 565 | Mixture for Asthma.....                    | 711-741 |
| Anti-Asthmatic Cigarettes;.....                         | 565 | Mixture for Neuralgia.....                 | 711     |
| Astley's Hair Lotion.....                               | 566 | Ointment of the Perchloride of Iron.....   | 512     |
| Bandages of Gutta-Pereha and Iron.....                  | 514 | Ointment for Warts.....                    | 566     |
| Blistering Paper.....                                   | 641 | Oleum Morrhue Ferratum.....                | 641     |
| Brown Mixture.....                                      | 328 | Oliver Plaster.....                        | 711     |
| Brown's Bronchial Troches.....                          | 565 | Pepsine Wine.....                          | 567     |
| Cachou Aromatique Italienne.....                        | 566 | Phosphor-Paste.....                        | 514     |
| Camphorated Soap-Tincture.....                          | 642 | Pierlot's Valerianate of Ammonia.....      | 566     |
| Chromate of Potassa.....                                | 711 | Pills of Iodide of Iron.....               | 513     |
| Citrine Ointment.....                                   | 565 | Pills of the Perchloride of Iron.....      | 512     |
| Clemen's Solution.....                                  | 327 | Pills for Chorea.....                      | 711     |
| Compound Spirit of Lavender.....                        | 514 | Pills of Carbonate of Ammonia.....         | 712     |
| Double Iodide of Iron and Quinia.....                   | 513 | Pomade for Pimples.....                    | 641     |
| Dyspeptic Bitters.....                                  | 565 | Quinic Ether.....                          | 512     |
| Effervescent Solutions of Citrate of Mag-<br>nesia..... | 566 | Recipe for Diarrhoea and Cholera.....      | 641     |
| Electuary for Rheumatism.....                           | 712 | Remouissin's Anti-Syphilitic Gargle.....   | 641     |
| Elixir of the Valerianate of Ammonia.....               | 642 | Ricord's Capsules of Copaiba and Tar.....  | 641     |
| Embrocation for Inflamed Breasts.....                   | 711 | Ricord's Capsules of Copaiba.....          | 641     |
| Enema of the Perchloride of Iron.....                   | 512 | Sobrier's Powder for Chronic Coryza.....   | 711     |
| Fluid Extract of Burdock.....                           | 328 | Soubeyran's Lotion of Veratria.....        | 642     |
| Glycerole of Lead.....                                  | 566 | Sparadrap of the Perchloride of Iron.....  | 512     |
| Glycerole of Oil of Mustard.....                        | 642 | Syrup of Squill prepared with Alcohol..... | 327     |
| Glycerole of Zinc.....                                  | 567 | Syrup of Tar.....                          | 328     |
| Huxley's Liniment.....                                  | 566 | Syrup of the Perchloride of Iron.....      | 512     |
| Laudanized Wine of Squills.....                         | 327 | Syrup of Sulphate of Magnesia.....         | 711     |
| Liquid Sinapism with Glycerine.....                     | 565 | Thompson's Eye-Water.....                  | 565     |
| Manna-Bismuthic Dragees of Iron.....                    | 514 | Tonic for Dyspepsia.....                   | 712     |
| Michaleskul's Gout-Paper.....                           | 565 | Unguentum Glycerine.....                   | 567     |
|                                                         |     | Urate of Quinia.....                       | 512     |

|                                                                                        |                    |
|----------------------------------------------------------------------------------------|--------------------|
| Spermatorrhœa, Lupuline and Ergot in, 283; Gelseminin.....                             | 707                |
| Spina Bifida and Iodine Injections.....                                                | 638                |
| Spinal Curvature, Treatment of.....                                                    | 763                |
| Spinal Marrow, Cure of Wound of.....                                                   | 105                |
| Spine, Treatment of Lateral Deviation of.....                                          | 762                |
| Still-Born Children, Recusitation of.....                                              | 327                |
| Surgical—Tin Fracture Splints, 561; Substitute for Lint, 561; New Anæ-<br>sthetic..... | 561                |
| Suture, A New, with Observations—W. T. S. Cornett, M.D.....                            | 473                |
| Syncope following Traumatic Hæmorrhage.....                                            | 67                 |
| Syphilis, Observations on, 65; Remedial Agents in.....                                 | 381, 508, 638, 641 |
| Syphilitic Diseases of the Liver.....                                                  | 385                |
| Syphilization.....                                                                     | 224, 616, 617      |
| Tænia Solium—Pumpkin Seed Emulsion.....                                                | 545                |
| Teeth, How to Prevent Decay of, 706; Preservation of.....                              | 764                |
| The Pattern Doctor's Wife.....                                                         | 369                |
| The True Physician, Watson's Anniversary Discourse.....                                | 179                |
| Thoughts on the Prevalence of Quackery—J. R. Black, M.D.....                           | 585                |
| Transactions—State Medical Society of Indiana, 553; of Illinois.....                   | 554                |
| Traumatic Tetanus, Treatment of.....                                                   | 311, 377, 760, 761 |
| Trichiasis, New Treatment of.....                                                      | 190                |
| Tuberculosis, Compression Incidental Cause of—A. P. Dutcher, M.D.....                  | 465                |
| Tumors—Thyroid, Interesting Case of, 352; Abdominal.....                               | 385                |
| Typhoid Fever, Quinine and Veratria in.....                                            | 759                |

|                                                                              |              |
|------------------------------------------------------------------------------|--------------|
| Typhus, Oil of Valerian in .....                                             | 635          |
| Ulcerated Surfaces, Chloride of Lime.....                                    | 762          |
| Unicorn Uterus .....                                                         | 135          |
| Union Med. Association, (Knightstown, Ind.) Proceedings of... 157, 283, 416, | 536          |
| Ununited Fracture of the Femur—E. S. Cooper, A.M., M.D.....                  | 715          |
| Upper Jaw, Three Cases of Removal of.....                                    | 93           |
| Uterine Hæmorrhage .....                                                     | 69, 114, 288 |
| Uterus, etc., Inflammation of the, in Puerperal Women—J. E. Thompson, M.D.   | 73           |
| Utero-Gestation of Thirty-one Months.....                                    | 517          |
| Vaccination of Very Young Children, 541 ; A Question Concerning .....        | 621          |
| Vagina, Extreme Case of Absence of.....                                      | 432          |
| Vagina, Remarkable Case of Union of the Walls of—S. F. Newcomer, M.D. .      | 89           |
| Valedictory Address—W. Lockhart, M.D.....                                    | 265          |
| Venereal Diseases, Bumstead's Pathology and Treatment of .....               | 622          |
| Wayne County Medical Association, Proceedings of .....                       | 97           |
| Whooping-Cough, Cure for.....                                                | 562          |
| Wounds, Alcoholic Treatment of .....                                         | 673          |



THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

Vol. IV.

JANUARY, 1861.

No. 1.

Original Communications.

ARTICLE I.

Successful Removal of an Ovarian Tumor of Eighteen Pounds.

BY E. S. COOPER, A.M., M.D.

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific,  
San Francisco, California.

*Case.*—Miss M. F., aged 24, had been afflicted with an ovarian tumor two years prior to my being consulted. Her general health was good during the first year of this period, but during the last she suffered much from pains in the abdomen, indigestion, and flatulence; otherwise, was vigorous. These symptoms were increasing when I first saw her. Having decided to remove the tumor, I gave her a pint of spirits mindereri in twenty-four hours, and administered a mild laxative the evening before the day appointed for the operation. Every thing being ready, she was placed upon her back on a solid table, and chloroform given.

*Operation.*—An incision about nine inches long was made, commencing near the symphysis pubis, and passing upward a little to the left of the linea alba. The tumor was readily exposed, and was found adherent to surrounding parts in several places, though implicating only one (the left) of the ovaries. Its attachments to the intestines, omentum, etc., were readily separated by the fingers, but the disposition to bleed from the surfaces thus made was so persistent that I directed assistants to compress them between the fingers and thumb during the subsequent steps of the operation. All the places of attachment of the tumor being exposed, its pedicle was found to be composed principally of a collection of vessels, surrounded by dense fibrous sheaths. The vessels I concluded would

be very difficult to isolate and tie after their division, and that it would be impossible to do so without the escape of more or less blood into the abdominal cavity; and finding the whole mass too elastic and firm to be compressible by a single ligature thrown around it, I transfixed it at various points with a needle armed with a strong ligature, which was then drawn tightly and tied, after which the substance was divided and the tumor removed. No hæmorrhage occurred after the division of the vessels, and the wound was then dressed. During the night after the operation the patient, in vomiting from the effects of the chloroform, broke one of the stitches used in dressing the wound, and forced a portion of the omentum out, which had remained for four or five hours before it was discovered, and become purple, its vessels being strangulated in fact. It was returned, however, with much care, and did not prevent recovery. A small abscess, however, was afterwards formed at that point, and discharged a considerable amount of pus. No other untoward circumstance occurred, and the patient recovered completely in about two months. The ligature did not come away for over four months, and some time after the patient had resumed her usual duties.

The above is the third case I have operated upon in this city, and the only one that recovered; which, in a statistical point of view, is worth mentioning. One of the others died of internal hæmorrhage in seven hours, and the other by shock to the nervous system in four hours after the operation. In neither of these cases were there any extensive adhesions. All were favorable for operation, and had the same precautions to prevent hæmorrhage been used in the first as was in the last operation, my opinion is the patient would have recovered. Her age was forty, the other thirty-five.

---

ARTICLE II.

**Pneumonia, and its Incidental Complications.**

BY A. P. DUTCHER, M.D.

Enon Valley, Lawrence County, Pennsylvania.

Pneumonia, pleuro and broncho-pneumonia are almost annual visitors of the valley of Little Beaver. They usually make their appearance about the first of February, and continue until May. This season they have been very prevalent, amounting almost to an epidemic. Few families have escaped altogether. In some instances, every member of the family has had either one or the other form of the

disease. Simple pneumonia was confined mostly to adults, pleuro- and broncho-pneumonia to infants and persons in middle life.

The symptoms of simple pneumonia presented but little variation. The disease was generally ushered in by a chill, which was soon followed by fever, flushed face, headache, and other signs of local determination of blood. Unless the case was complicated with pleurisy, there was not much pain in the chest; but from the very beginning of the attack the patient complained of a deep seated feeling of heat and weight rather than pain. The respirations were always hurried, frequently amounting to as many as fifty in a minute. In some cases dyspnœa was very urgent, compelling the patient to lie on his back, with his shoulders very much elevated. The pulse was very frequent, seldom less than a hundred in a minute, and sometimes a hundred and fifty, but always soft. The cough was a very urgent symptom from the commencement. For the first two days there was but little expectoration; but as the disease advanced it increased and became very abundant. At first it would be nothing but thin, glairy mucus, streaked with blood; by the fourth or fifth day, rusty, semi-transparent, tenacious and coherent. The fever was of a low grade; hence, the thirst was moderate, the tongue not much furred, the urine scanty and high colored, the bowels costive, the brain not very irritable, and the patient seldom delirious.

If the disease was not complicated, the physical signs were very pronounced. Dullness on percussion, and crepitation on auscultation. The disease was, in every instance but one, confined to one lung, and most frequently the right. Crepitation and dullness were generally circumscribed—confined mostly to the base of the lung. When crepitation was heard at the apex—that is, at the scapulæ or under the clavical,—the disease was more severe and the case much more difficult to manage.

In pleuro-pneumonia the general symptoms differed but little from those already described, with the exception of a sharp cutting pain in the side, resisting every act of inspiration, making the act of coughing and deep breathing almost impossible. The physical signs were marked, and could not be mistaken. At first the crepitation would be distinct, but as the disease progressed it would become indistinct, while dullness on percussion would become more distinct as the disease advanced,—much more so than in simple pneumonia.

In broncho-pneumonia, particularly in infants and children, the physical signs were not very marked. Crepitation and mucous ronchi in some cases could be very distinctly made out, while in others the



sounds were so discordant that nothing definite could be deduced from them. Mucous ronchi would frequently be present for several days after all the general symptoms had disappeared, excepting the cough. In two cases, which were very severe, after convalescence I detected considerable sonorous ronchus; this is a sign of narrowing of the bronchial tubes, and the result will be bronchial asthma. If such is not the result, I shall be disappointed. They were sick seven days before they had any medical treatment.

The general duration of the disease was fourteen days; but in some very mild cases the disorder would commence to decline on the fifth day. There would be a very sudden and marked alleviation of all the more pressing symptoms. The skin would become moist and cool, the expectoration less tenacious and rusty. The pulse and respiration less frequent, the urine not so high colored and more abundant, the tongue clammy, the appetite improving, and convalescence would be fully established in eight or nine days. A relapse was not frequent in either form of the disease.

But in the more formidable case the disease would be prolonged until the fourteenth, and sometimes the twenty-first or twenty-seventh day, particularly the cases complicated with pleurisy; some of them would, from the very first, present symptoms of what some writers have denominated *typhoid pneumonia*. There would be, in addition to the general symptoms of pneumonia, great prostration of the vital forces, a low muttering delirium, scanty, turbid, and ammoniacal urine, frequent and copious alvine discharges, with marked sibilant ronchus. These cases were very slow in recovering. Fortunately, we had but few of them, as the following table will show:

Whole number of cases, 50; which we arranged thus:

|                           |    |  |                           |    |
|---------------------------|----|--|---------------------------|----|
| Simple Pneumonia . . . .  | 17 |  | Pleuro-Pneumonia . . . .  | 8  |
| Typhoid Pneumonia . . . . | 5  |  | Broncho-Pneumonia . . . . | 20 |
| Recovered, 49. . . . .    |    |  | Died, 1.                  |    |

The treatment was by no means uniform; it was always varied to suit the particular indications of the case. In simple pneumonia, if there was very much fever, the treatment was commenced with the warm bath, after which the patient was placed in bed, when the following was given every three hours, until the bowels were fully moved:

℞ Sub. mur. hyd., grs. iij.  
Pulv. jalap,  
Nit. potassa, āā grs. v. M.

After the bowels had been moved, liniment of ammonia was applied to the chest as a counter-irritant; and to relieve the cough and promote

expectoration, a teaspoonful of the prescription below was ordered every three hours :

℞ Sulph. morphia,  
Tart. emetic, aa grs. ij.  
Aq. fonta, f3 j.           M.

In pleuro-pneumonia the treatment was nearly the same, but here, instead of using ammonia as a counter-irritant, we used the emp. cantharides. We blistered freely ; and I might observe just here, that in treating pleuro-pneumonia I have for years placed my chief reliance upon blistering. I am fully convinced that if we can not succeed with that, we can not succeed with any thing else. In the earlier part of my practice I was in the habit of bleeding in pleuro-pneumonia, but for eight years I have ignored it altogether ; and so far as I am conversant with the practice of other physicians in this section of country, bleeding in pneumonia has become obsolete. But doctors will differ. In conversing with a distinguished member of our profession, who resides in a neighboring city, I incidentally alluded to the subject of bleeding in pneumonia. He said he had practiced it for many years, and would just as soon think of treating a case of ague without quinine as pneumonia without bleeding. He regarded it a "sickly humanity to discard it." But I see I am digressing.

When the disease assumed the typhoid form, tonics and stimulants were employed. A pill composed of the following, given every two or three hours, according to the necessities of the case, was always useful.

℞ Sulph. quinia,  
Citrate of iron, aa gr. j.  
Capsicum, grs. iss.  
Camphor, grs. xj.       M.

When the bowels were very much relaxed, twelve drops of the oil of turpentine were given every six hours. In extreme cases, brandy and beef tea were freely given in connection with the above. Dover's powders were useful in allaying the cough and other troublesome irritations. During convalescence the muriated tincture of iron was used with the greatest benefit.

The broncho-pneumonia of children yielded very readily to blistering, calomel, ipecac and opium.

---

DR. H. W. BAXLEY, of Baltimore, at one time connected with the Medical College of Ohio, is about to remove to San Francisco. Dr. B. will take a high stand among the profession on the Pacific Coast.

## ARTICLE III.

**Cases and Observations from my Note-Book.**

BY J. E. BLACK, M.D., CAMBRIDGE, OHIO.

**DIPHTHERIA.**—In May, 1858, the daughter of a homœopathic physician paid a visit to some of her friends in Licking county. Shortly after her arrival she attended the district school, and was especially friendly with the daughter of Mr. S. The age of Mr. S.'s daughter was eight, and that of her associate, I think, was about the same. In a few days after her arrival she was taken ill, and a homœopathic physician from N. sent for. He pronounced her disease to be mumps, which by the way was somewhat prevalent at the time. To the surprise of her friends she suddenly died. I was credibly informed that her medical attendant paid no attention to the fauces,—in fact, never examined them. Two days before her death I was summoned to see the aforesaid daughter of Mr. S. (14th May). I found her drowsy and feverish, eating but little, considerable thirst and a husky voice. There was marked tumefaction at the angle of the inferior maxillary, simulating mumps not a little. Indeed, the parents thought that her illness for the three previous days all originated from the mumps along with cold. On examining the throat, found each tonsil covered by a greyish exudation, which extended downwards as far as could be seen. The surrounding mucous tissue was of a glossy redness. There was no pain except on attempting to swallow some solid. She had a stridulous cough, but no embarrassment of respiration. The parents were immediately informed of her true disease — diphtheria; and cautions given as to its extension, for I had reason to think, from reading, that the disease was infectious.

These were the first cases in that section of the country, and this one was the first I had ever seen. They both died within ten days of each other. The alarm was soon spread, the district school broken up, and the family of Mr. S. isolated. This was not very difficult, he living in the country. Out of his seven children only one escaped the disease, and two died. The other fatal case was a boy at three years. He was put upon active treatment, got better and began to play about; but suffering a relapse, the parents thought his case beyond control, did not recall me, and suffered the child to linger, unaided by treatment, for some ten days. Previous to the relapse he had well marked scarlatina eruption, and a few days prior to decease had a free purulent discharge from the



nostrils, which along with his breath was, the parents informed me, very offensive.

Strong as the evidence appeared to be of the extension of this affection by infection, there yet came under my care numerous other cases in which exposure could not be traced to such a source. I am at present treating a case in this county (Guernsey), which so far as I know is the only case in it. At least, there is as yet no epidemic, such as prevailed in Licking county. The disease spread from the cases above referred to in a south-easterly direction; traveling about at the rate of twenty-five miles per year. At times it would appear almost extinct, then suddenly acquire new activity, becoming virulent and fatal, soon again getting milder in every feature. But few adults suffered from the disease, and in them it was milder and readily subdued by treatment. In the management of this disease no depressing remedies were given. When necessary, the bowels were opened with oil, chlorate of potassa, and tincture of chloride of iron internally, adding thereto, when debility was marked, the sulph. cinchonia. To the throat a solution of nitrate of silver, xl. to the 3, was applied twice per day. Externally, camphor liniment had a very soothing effect. No cases of scarlet fever near or about that time.

---

INFANTILE PARALYSIS.—Close upon the heels of diphtheria appeared a somewhat rare affection, infantile paralysis. Six cases came under my care during the summer and autumn of the year above mentioned, and it is worthy of remark that since that time I have not met with a single case. I could not trace any dependence in the affections — no affinity or resultant sequela of one from the other. Nevertheless, it is not improbable that there may be some occult connection between them or their causes, others having observed that they are coeval or consecutive upon each other. Their coincidence in a single example might be conceded, were it not for the plurality of observances at other places. The six of the sufferers were four females and two males. Their ages ranged from one to eight years. In five of them the disease was ushered by fever, stupor, dilated pupil, etc., — the grade of action not being high and more indicative of congestion than inflammation of the cerebro-spinal system. In the remaining case, that of a girl of four years, the palsy was preceded by the most severe and prolonged convulsions it was ever my fortune to observe, and yet her recovery was more rapid and satisfactory than in either of the others. One only was hemiplegic, the others were unequally paraplegic. In the case of a stout, healthy boy, two and a half years old, only an

arm was palsied — although for a few days after the subsidence of the cerebral disturbance he did not seem to have the same command over his legs as before ; but whether it was the result of weakness, or nervous privation, it was, of course, difficult to determine. A single case gave unequivocal marks of rheumatic complication, as shown by articular tenderness, intense expression of pain or forcible motion, and nocturnal exacerbation. In paraplegic cases one side was invariably more affected than the other, and the restoration of power was rapid in proportion to the imperfection of the shock. In all, months, and in some, years, had to elapse ere voluntary power was measurably or fully restored ; the progressive improvement being much dependent upon persevering care to check characteristic atrophy. In those of the upper extremity almost the first indication of returning power was the ability to grasp an object when placed upon the palm of the hand. The act seemed to partake of the reflex character, judging from the infrequency of motion in the fingers, and the persistency of the grasp when once embraced. In cases where the lower extremities alone were affected, the little patients were compelled to do their first works over by crawling for weeks or months, ere they could be made to attempt their old pedestrian feats.

No case being fatal, of course, precluded any post mortems—a mode of investigation the more important, inasmuch as I could find, either in our standard or periodical literature, only the most meagre and brief mention even of its existence. But there is one point on which I may remark, that there appears to be a total want of congruity in the cerebral manifestations — apparently the operative cause — with the extent, severity, and persistency of the effect.

The treatment in the early stage consisted of that usually employed to combat active cerebral congestion ; discriminating, of course, as to age, constitutional vigor, and single indications. When these have subsided, which they usually did in a few days, and paralysis was manifest, any morbid act or tendency in individual organs was carefully sought for, and remedied, after which iodide of potassium was administered for two or three weeks, to stimulate absorption in the nervous axis. Locally, the cold douche, irritants to the nape, etc., were resorted to ; but so far as my limited experience can justify an opinion, the general and local treatment appeared alike inefficacious in the removal of the proximate cause. Not so, however, with the subsequent appliances, consisting of patient and vigorous friction with tinc. arnica to the palsied members, and the administration inwardly of Kirkland's solution of strychnia.

ERYSIPELAS, WITH SLOUGHING OF SCROTUM, AND PELVIC ABSCESS. Nov. 4th, '59. Called to see Mr. C., æt. 40, merchant, lymphato-nervous temperament, predisposed to tuberculosis. Said he felt chills alternating with hot flashes; aching over the whole system, more especially in the head and back. Skin dry and slightly hot, pulse 70, tongue clean, anorexia, bowels been opened by salts day previous, dejections natural. Diagnosis indefinite, ordered spirits nitric ether with small portions of ipecac.

5th.—No better; restless night, more oppression about stomach, and pulse increased in frequency. Senna infusion, with comp. powd. jalap, so as to act gradually, yet freely, upon the bowels; after which, some powder to be given to procure rest.

6th and 7th.—Improved; tongue moister, but more coated than at first, moist skin, fever blisters on lips, and aching over system much less. Towards evening of 8th, however, febrile symptoms again increased, pulse 84, full and hard, skin dry, sharp pain in the side now and then, severe headache, and heavy expression of countenance. Cold to the head, sinapisms to the feet, pulv. ipecac et sub. murias in small doses, alternated with veratrum viride, gtt. v., every four hours.

8th.—Rested very well, skin been moist all night, pulse yet excited, some soreness of throat, glands of groins sore and enlarged, says there is pain in testicles on motion of the body, lips dry, tongue moist, thick coat, considerable thirst, no appetite, some tenderness over stomach, bowels had acted twice, thin and dark; symptoms thought to indicate typhoid. Veratrum viride continued; small portions of Dover with the ipecac, vel. hyd., c. c.

9th.—No better; complains this morning of great pain and swelling of the scrotum. Considerable distress in head, and burning in epigastrium, bowels free. On examination, the scrotum was considerably swollen, red and tender. Acetate of lead lotion to check the inflammation, internally sps. mindereri with pulv. ipecac.

10th.—The greatest distress is now in scrotum, which is enormously swollen, very red—not very tender. Diagnosed erysipelas; lotion continued; also, same general treatment. The parts to be painted with tinct. iodine,—preferred to the nitrate of silver, inasmuch as it does not obscure incipient gangrene, a result to be feared in erysipelas of this tissue, so deficient in vitality.

11th, 12th, to 15th.—Local and constitutional symptoms gradually increase. Scrotum more and more enlarged, and in spite of free punctures began on the third day of attack to show signs of incipient gangrene, which gradually increased until at least one-half of the distended



covering was involved. On the 10th, the sphacelus began to separate, giving the scrotum a decidedly ragged appearance. The shooting pains in groin were very distressing, and a burning pain began to be complained of up along dorsum; on examination erysipeloid inflammation was even extending along that region, affecting only the cutaneous tissues until it reached the nape and branched downwards to the elbow. Locally, a poultice of linseed and fresh yeast was continuously applied to the scrotum with decided benefit. Internally, the constitutional disturbance was met by *tr. ferri chloridi* and *cinchon. sulphas*. Arterial excitement met by *veratrum viride*, and the bowels kept open with castor oil and *ol. turpentine*; occasionally, when inward thirst was great, the neutral mixture allowed.

15th to 30th.—Swelling diminished; urine to be drawn off by catheter; some portions of scrotum seem to dissolve away, though fortunately a band of healthy tissue extends up the median line; large shreds of decaying dartos daily separating, testicles protrude, looking red and granular. Troublesome vesical irritation set in, which was uninfluenced by demulcents, but decidedly controlled by *ol. terebinthine*. The same general treatment kept up, of which evidences of its virtues were not wanting. Diet nutritious, and as stimulating as prudence would admit. As soon as the dead tissues had measurably separated, the fragments of the scrotum were drawn together by adhesive plasters; arranging them so as to keep the testes from their constant tendency to protrusion, and the granulating process hastened by the application of *basilicon cerate*. The improvement was slow and gradual until Dec. 11, when febrile disturbance reappeared, with considerable gastric distress. This was chiefly removed by cathartics, when he began to complain of the most excessive pain about the rectum, extending up as far as the kidneys. This suffering he attributed to his piles, from which he had long been a sufferer. The urine began to be scanty, high colored, with considerable mucous and epithelial scales. Any attempt to turn in bed gave the most excruciating pain, and brought on recurring paroxysms of severe tormina. Injections failed in giving only the most evanescent relief. A blister was laid over the lumbar region; flax-seed infusion as a drink; *tart. ant. et morph. sulphas*, sufficient to check febrile movement and deaden sensibility.

Dec. 22d.—An attentive examination of the rectum gave no evidence of any diseased action whatever, and there appeared to be no doubt but that an abscess was forming within the pelvis. A cataplasm applied to the perineum for thirty-six hours gave a scarcely perceptible fullness and obscure hardness in the perineum; meantime the

patient's sufferings were intense, and I was obliged to comply with his entreaties for large portions of morphine, to lull his sufferings; at the same time it seemed to be contraïndicated, on account of the almost total suppression of the renal secretion. The catheter had again to be used, bringing away not more than half a pint in twenty-four hours.

On the evening of the 26th, I plunged a sharp-pointed bistoury into the perineum, immediately giving exit to a large quantity of laudable pus.

Feb. 1st.—Abscess yet discharging slightly, scrotum almost healed over, and patient gaining strength under a liberal diet.

Feb. 20th.—Patient discharged from treatment, rapidly gaining health and strength, and is now enjoying better health than for some years prior.\*

---

ARTICLE IV.

**Diphtheritis.**

BY J. W. SMITH, M.D., WELLINGTON, OHIO.

*Editors Cleveland Medical Gazette*—*Dear Sirs*: At every recent issue of your valuable journal, I have been solicitous to find experience and suggestions in the treatment of *diphtheritis*. Only two articles, I believe, have yet appeared—the one by Dr. Hartmann, a valuable collection of what seemed to have been known and written, but showing that views of pathology and practice were exceedingly contradictory and unsettled; the other by Dr. Bentley, in the September number.

This disease is now prevailing to an alarming extent in many neighborhoods of Northern Ohio, assuming too often a character so formidable as to challenge the best thoughts of the best men in our profession. The probabilities are strong that it will more widely prevail, and will it not be well to gather up what is best known in interchange of opinion and experience? Enough of this malady probably has been seen by the readers of your Gazette, to form a better understanding of the pathology and treatment, if the result was carefully picked up and presented. In a country-practice of not immoderate extent, I have been called to treat probably one hundred and fifty cases within the last four months. All these have been well marked, though the majority readily recovered. The severer forms seem to me to present about three grades.

---

\*To Dr. Haynes, now of legal profession, am I indebted for important counsel and advice in the treatment of this case.—J. R. B.

The first is sthenic, or, more strictly, not as asthenic as the other two. In the first variety there is considerable constitutional disturbance, chills and fever, accelerated pulse, red tongue, pains in the limbs, etc. The tonsils and uvula are highly inflamed and tumefied, the swelling of the throat oftentimes so severe as to wholly interrupt deglutition for hours, or even days. Exudation light, and in patches about the fauces. Respiration hurried after cough. When fatal, generally terminated by croup.

The next variety has decided asthenic tendencies, pulse quickened and enfeebled; very little febrile reaction, frequent diarrhœa, fœtid breath, vitiated secretions after vomiting, sometimes early delirium; tonsils and uvula rapidly become loaded with albuminous deposit, hardened and adherent firmly,—this deposit frequently reaching into root of mouth—generally into nasal passages, so as to wholly prevent ingress of air at times, at others giving off an abundant and perverted secretion, acrid and excoriating. These cases, when fatal, generally terminate in pneumonia.

Third class more strongly marked by exhaustion, vital forces lowered, and vascillating at commencement of attack. Exhalations highly fœtid, loading the air for a distance around with putrescent effluvia; hæmorrhage from all the mucous surfaces, nose, throat, bowels and urinary passages, petechia; and in one instance I witnessed exudation of blood on the limbs and body, covering one-half the whole surface.

I do not propose to detail cases which to me have been full of interest, but to indicate a thought bearing essentially upon general treatment. I feel fully convinced that the disease in question is primarily one of general character, involving and vitiating the fluids; that the throat affection is secondary. Many assert the belief that the attack is primarily local, and the general disturbance is by absorption of virus from throat, and consequently that *early local* treatment is all demanded. This view I believe to be gravely erroneous, and its treatment insufficient for most cases. If confined to either, I should prefer general remedies to topical ones. In truth, extending experience confirms the value of Dr. Bentley's "simple plan of treatment"—mild, local appliances and constitutional support—not violently, but fully sustaining the vital forces. Some reasons for belief in its constitutional character are found in *early* prostration, disturbed and debilitated circulation, perverted nervous power, with protracted and partial recoveries. A number of cases are before me with partial loss of vision for many weeks.



This article is already longer than I designed. My object is not to obtrude my own experience and deductions, but to elicit from editors or correspondents more discussion of this disease, which has assumed as grave importance as any now engaging the attention of the general practitioner.

---

ARTICLE V.

**Case of Fracture of the Os Innominatum,**

AND DEATH IN CONNECTION WITH THE ADMINISTRATION OF SULPHURIC ETHER.

[Communicated to the Academy of Medicine of Cincinnati.]

---

BY W. H. MUSSEY, SURGEON.

---

On Friday last (Nov. 30) I was called to Lebanon, O., to see a man who had been injured the day previous, and reached his house at 7 P. M.

In consultation with Dr. J. Vanharlingen and Dr. Robert Vanharlingen, I ascertained that the patient, Jacob Koogle, aged fifty years, had, thirty hours previously, been overturned in his buggy. His horse had slipped on the road and fallen; on rising he gave a leap forward diagonally across the road, overturning the buggy, throwing Mr. Koogle upon his right side, and dragging him about thirty feet, when he rolled down a bank about eight feet; his wife, weighing two hundred and five pounds, fell upon him, but was dragged only twenty feet, and escaped with severe but not serious contusions. Mr. Koogle weighed two hundred and thirty pounds, and was occasionally addicted to the intemperate use of intoxicating drinks, about ten days previous to this occasion he had a spree (the only one for a year), and had been quite sick in the recovery.

When friends (who were returning from the same Thanksgiving service in Church that Mr. and Mrs. Koogle had attended,) reached Mr. K., he had raised himself on his hands and knees, but could rise no further, though he made three efforts to do so, before he was reached by his nephew, D. M. James, who, on assisting to raise him, found he had no use of the right thigh and leg. He exclaimed that "his testicle was mashed" — but immediately complained of his hip joint, and suffered excruciatingly in the groin and thigh. In a half hour he was placed in a wagon on his face, as the most easy position, and taken to his home, one mile distant; in the same position he was placed upon his bed, and remained so till Dr. J. Vanharlingen reached him, two and a half hours from the time the injury was received. The

patient had suffered intensely from the time of the accident, with occasionally violent spasmodic movement of the limb. The Doctor had the patient placed upon his back, when he was somewhat relieved; but he could not bear any movement of the limb, and the "spasms" continued at short intervals. Soon after being turned in bed he became "slightly," and did not know exactly what he was doing. This passed off in a short time, and the Doctor administered morphine, in quarter-grain doses; the whole amount taken in the thirty hours did not exceed four grains. Though some relief was experienced, some one was obliged to hold the limb firmly upon the bed continuously, as the "spasms" came on every ten, fifteen or twenty minutes; occasionally there would be a respite of half an hour, and sometimes there would be three or four "spells" in a period of twenty minutes.

These "spasms" would commence with jerking of the foot, slowly at first, and increase in rapidity for three or four minutes, before the paroxysms of pain would seize the thigh and hip, when the suffering for a few minutes would be agonizing. On passing off, the hip was sensitive, and any pressure would excite the violence of the pain.

The Doctor noticed the limb to be an inch and a quarter shorter than the other, and the foot was slightly everted; but as he could not move the limb at all without causing suffering, he concluded not to make manipulations till a consultation could be held.

In order to proceed with the investigation without causing suffering, I proposed to administer pure washed sulphuric ether, as the unanimous opinion was that chloroform would not do for this patient.

The patient was lying on his back, with his head low, slightly raised above the level of the back; his feet touching the rounds at the foot of the bed, and heels resting on the bed; the left limb moving at will; the right held down by one of the family; the right limb shorter by an inch and a quarter, and the foot slightly everted.

I examined the heart, and noticed a perfect regularity in its action, of moderate force, with indistinctness of sounds, which I attributed to the distance from the ear, on account of the superimposed adipose tissue. The pulse was soft, of moderate force and fullness, and by estimation, seventy-five to the minute.

The ether acted kindly, and was breathed easily; it stimulated the pulse to increased force and fullness, with at first a considerable increase in the frequency, which subsided, however, in a few minutes, to the original point.

In the course of ten minutes the patient raised up, attempted vomiting, and succeeded in throwing off about two ounces of fluid; five or

six minutes later he again raised on the left arm and vomited about one pint of dark colored watery fluid ; no blood or food was mixed with it. On lying down the pulse was more feeble, and a profuse perspiration was noticed upon the body. Dr. J. Vanharlingen says he noticed the perspiration before the vomiting.

Dr. Robert Vanharlingen noticed during the effort of vomiting that the patient moved and flexed, with apparent ease, the affected limb. On lying down the patient was apparently relieved, and as the pulse became fuller, the administration of ether was resumed, and the fullness and force of the pulse was maintained till within ten minutes from the time of vomiting, when the patient was in a condition to admit of manipulation with the limb.

I took hold of it and flexed the leg upon the thigh, and the thigh upon the pelvis, and rotated the limb till I was convinced there was no dislocation, or solution of continuity of the thigh bone ; but twice I perceived a distinct rubbing sound like crepitation. Dr. J. Vanharlingen also noticed this peculiarity.

At the time of seizing the limb for the examination, there was a peculiar shortness of breath, of an asthmatic character, and Dr. J. Vanharlingen remarked that he was subject to attacks of asthma. On noticing this peculiarity, the use of ether was suspended, and not resumed ; but the manipulation was proceeded with — the patient screaming out and writhing with pain, and apparently perfectly conscious. Seeing that his lips were purplish, and his breathing still very short, I proceeded to administer for his relief : he called for water, a little was given him, and a little vinegar was put in it, when some whisky was procured and administered in warm water ; but little, however, was taken. The patient complained that he was suffocating, and the tongue was drawn out, though there was no lack of control of it, as he put it out to take the stimulants. He was rolled upon the side, water was thrown in his face — first cold, then hot water applied to the forehead. The Marshall Hall method of artificial respiration, and the additional one of inflating the lungs from my own lungs with forced expulsion of air, and flagellation of buttocks, were continued fifteen or twenty minutes, when the patient was abandoned as dead.

The ether was from the manufactory of Powers and Weightman, Philadelphia. By measurement, four ounces of ether was used. I administered it myself upon a handkerchief, placed in a towel, folded funnel-shaped, and there was a large admixture of air. I watched the breathing, and frequently noticed the pulse, though the Drs. Vanharlingen each had a wrist in hand.



The patient had eaten a little bread and tea during the forenoon, which was all he had taken since the breakfast of Thursday.

The consent of the family was obtained to a *post mortem* examination, on the positive assurance of Drs. Vanharlingen and myself, that some internal injury had been received as the real cause of death; and I remained over the night, in order to conduct it in the presence of the physicians of Lebanon.

In relation to the shortness of the limb, I learned that Mr. Koogle, when nineteen years of age, had been thrown from a horse, and hurt his right hip, and had always had a shortened limb since.

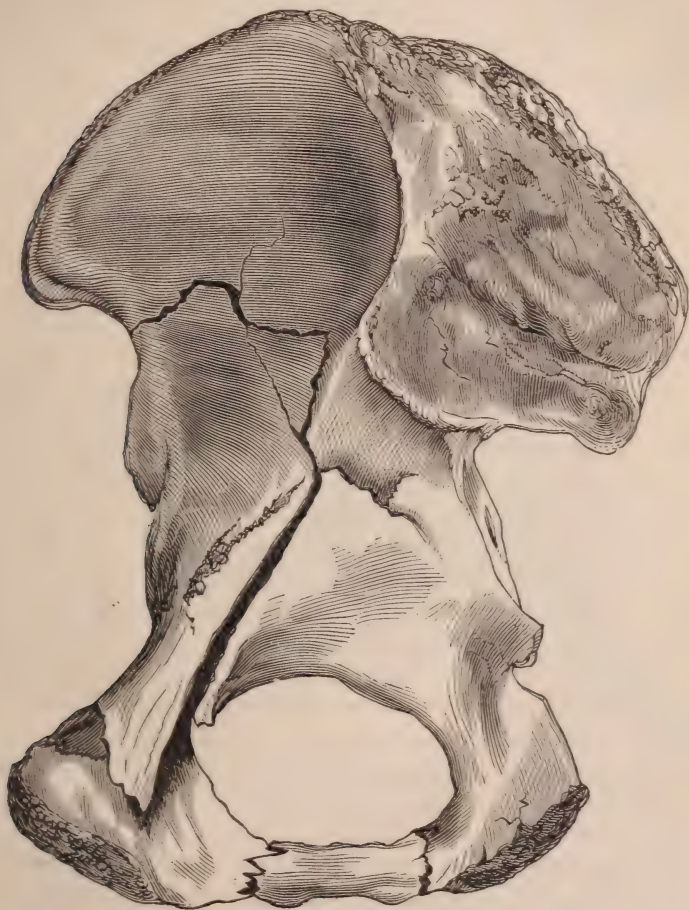
This account was written previous to the autopsy.

#### *Post Mortem Examination.*

Fourteen hours after death. Assisted by Drs. J. Vanharlingen and I. L. Drake. The record made by Dr. Robert Vanharlingen, Drs. Joshua Stevens, Adam Sellers, and James, of Lebanon, with a number of the family friends present.

External appearances. — General ecchymosis of the face, neck, superior portion of breast, sides and back of body; abdomen distended and slightly tympanitic; left inferior extremity one and one-fourth inch shorter than the right. An incision was made in the skin from the top of the sternum, along the median line to the umbilicus, thence to the crest of either ilium; thickness of the adipose tissue along the line of incision over the abdomen, two inches; muscular walls of abdomen thin; omentum loaded with fat; appearances of the intestines natural, not much distension with gas. On raising the inferior flap, infiltration of blood was observed upon it, and in the pelvic surface that was visible; omentum adherent to the peritoneum on the left side; spleen, natural appearance, but adherent to the peritoneum; the viscera enveloped with fat; right kidney of unusual size, two-thirds larger than natural, highly engorged with blood and in good condition; urethra normal; left kidney wanting, or in its position the fat inclosed a single membrane of a dark brown color, and the thickness of coarse paper, of about three square inches in extent. Pancreas natural. Liver enlarged, smooth, of a light color, slightly engorged, and of softened texture, breaking down easily between the fingers. Stomach containing but little fluid of a brownish color. The cardiac, two-thirds was beautifully mottled in purple and shades of red, in annular patches three-fourths or an inch in diameter. On removing the intestines to within ten inches of the sigmoid flexure of the colon, a space of six inches in diameter in the right

iliac and lumbar regions was discovered, blackened and purple with infiltrated blood; this extended anteriorly and superiorly upon the wall of the abdomen. On changing the position of the intestines this infiltration was observed to have extended through the entire pelvic cavity. Beneath the pelvic fascia there was a large deposit of venous clot, extending on the right side under Poupart's ligament into the femoral canal.



An unavailing search was made to determine what vessel had been ruptured. Upon removal of the soft parts from the pelvis, a fracture was noticed in the ilium, commencing half an inch below the sacro-

iliac junction, extending one and three-quarters of an inch outwardly into the iliac fossa; from the same point, extending anteriorly four inches to within three-fourths of an inch of the symphysis pubis; inside of and under the ileo-pectineal line is a fracture with a separation of fragments, varying from three-eighths to three-quarters of an inch; from the terminating of this fracture near the symphysis pubis, extending obliquely outwards two inches to the acetabulum, is a fracture separating the pubic bone; the rami of the pubis and ischium are broken.

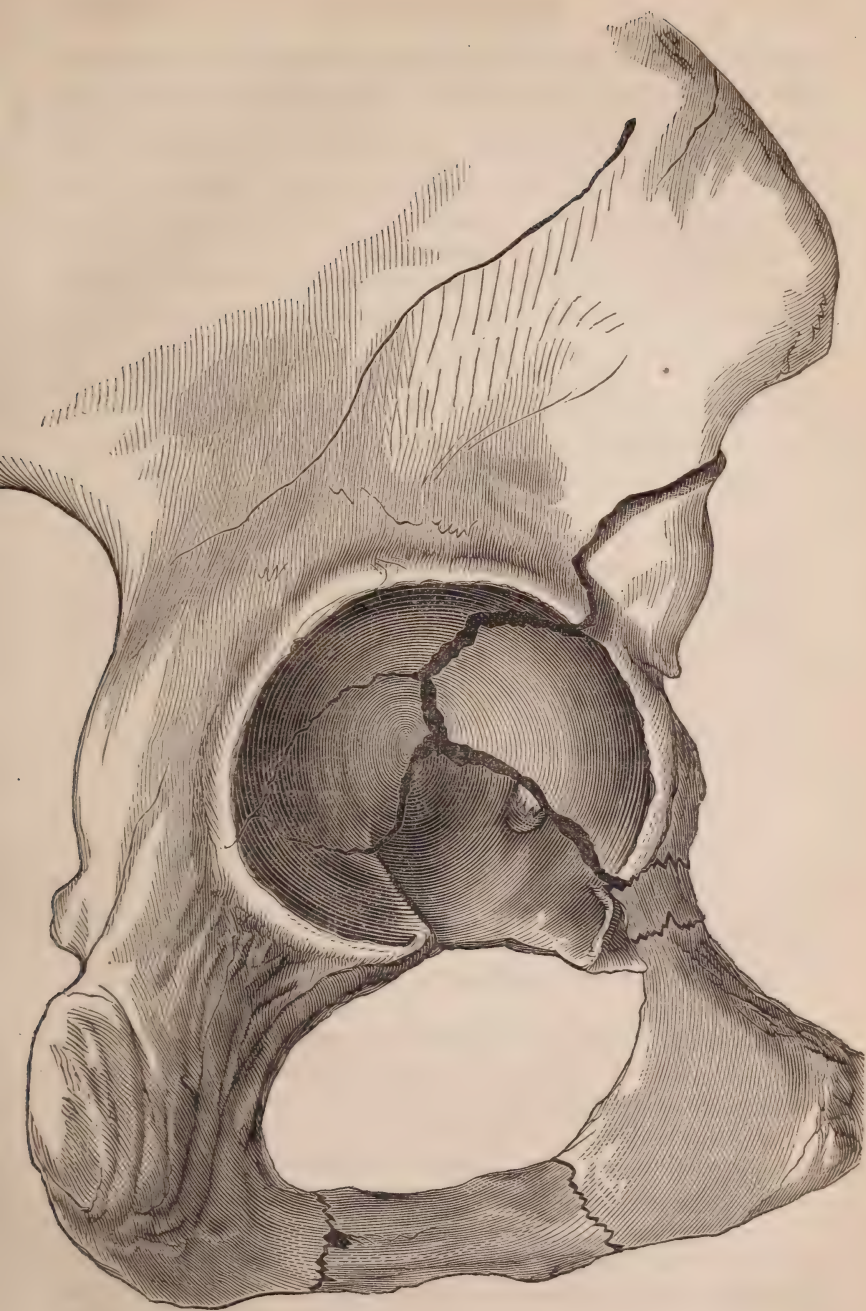


[ The Engraver had only time to give an outline of this bone. ]

Externally, a fracture seven inches in length traverses the ilium. The acetabulum is badly broken, as will be seen by the cut. The head of the femur is at nearly a right angle to the shaft. It will be noticed that the line of the articulating surface extends much further upon the neck at one point than usual. There is no evidence of recent injury to the neck of the bone; but at the time of the fall, at the age of nineteen, there was probably impacted fracture or the bending of the neck at its connexion with the shaft.

Thorax — Large adipose deposit upon and around the pericardium, and one ounce of serum within its cavity. Fatty deposits upon the





auricles of the heart; no structural disease, other than an absence of the usual redness and firmness of the tissue; blood in the right auricle; ventricles empty; lungs distended with air, and engorged with blood; there were no pleuritic adhesions or anything unusual in structure. There was no examination of the brain. The blood throughout the body was very dark colored.

In view of the case, I did not hesitate to say to the family, that there were internal injuries sufficient to have destroyed the patient's life in a short time, but that the administration of ether had apparently hastened the result, though I was of the opinion that the manipulation with the limb *without ether* might have been attended with like consequences, on account of the extreme irritability of the nervous system—amounting almost to tetanus,—and the feeble powers of resistance, for which the constitutional peculiarities of the patient were accountable. This expression was fully concurred in by the physicians present.

NOTE.—A lengthy discussion arose in the Academy, occupying two evenings of its session, in which two members contended that the case was clearly one of death from ether. Of the remaining disputants, two thought ether possibly auxiliary, while the majority considered ether not at all responsible.

---

## Proceedings of Societies.

---

### Proceedings of Clermont County Medical Association.

BATAVIA, October 17, 1860.

The Association convened at ten o'clock A. M., in the Court House. Dr. Pease, President, in the chair. The minutes of previous meetings were read and approved.

Dr. J. V. Peck was presented to the Association by the Censors, and duly elected to membership.

A brief and interesting discussion was had relative to the prevailing diseases of the county. Drs. Lyman, Rogers, McLain and Kincaid participated. The type of fever spoken of seemed to approach that of "old-fashioned" bilious fever. Dr. Kincaid wished to know if bilious fever ever degenerated into typhoid. Dr. Rogers answered in the negative.

Dr. Lyman gave a case, as he supposed, of iodization.

Drs. Rogers, Kincaid and others, thought the possibility of a person becoming iodized was much in doubt.

Dr. Rogers reported an interesting case of tracheotomy: to remove

a water-melon seed, which had been in the trachea of a little girl, not quite two years old, for over three months. The seed had produced an alarmingly diseased condition of the air passages. The seed being removed, the incision had to be kept partially open for about twenty-five days, to prevent suffocation, and afford escape to muco-purulent matter, which was continually collecting. The case recovered. Dr. R. was of the opinion that many cases of the kind could be saved by an operation, that are considered hopeless.

On motion, Association adjourned until one o'clock P. M.

#### AFTERNOON SESSION.

Dr. Kincaid offered an amendment to a resolution adopted at a previous meeting, respecting the non-attendance of members—making the resolution read as follows: “All members who are absent for three meeting in succession, are suspended, unless they furnish a satisfactory excuse to the Association.” Amendment adopted.

Dr. Kincaid reported a case of idiopathic tetanus. Patient a female, fifty-four years of age, and of feeble constitution. Treatment consisted of cathartics, chloroform, cannabis indica and sulph. morph. Case proved fatal in about five days. Dr. K. also gave a case of traumatic tetanus, resulting from wound of finger. Tetanic symptoms commenced on thirteenth day after injury. Case was cured by immediate amputation of hand, and the use of cannabis indica and sulph. morphine. *Question*.—Could the case have been cured by any other means than amputation?

Dr. Schroen reported a case of undefined spasmodic disease. The case a little girl. During spasms the intellect remains good; arms and legs always extended; head and shoulders bent forward; general health not much impaired. Treatment consisted chiefly of irritation over spine, and tonics. Several members recommended the use of cannabis indica and strychnia.

Dr. J. Lock Kennedy was presented for membership, and duly elected.

Dr. Lyman reported a fatal case of uterine hæmorrhage in first pregnancy. All the usual means of treatment were resorted to, but without avail. However, Dr. L. was of the opinion that an attempt at delivery should have been made sooner; but of this matter he had no control, as he did not see the case until late.

Dr. Kincaid gave a case of obstetrics, to which he was called as counsel. The woman had suffered for a long time. Owing to malposition of child, delivery by turning was resolved upon and



accomplished; but upon removing placenta, it was found partially thrust through a rent in the uterus, some three or four inches in length. Case proved fatal.

Dr. Pease gave a case of spontaneous evolution, where an arm had presented.

Dr. Anderson gave a case of severe injury of ankle joint, illustrating the fact that extensive lacerations of large joints more frequently do well than is generally supposed.

Dr. Scoville reported a case of urinary disease, as occurred in a gentleman sixty-five years of age; giving the *post mortem* appearances, and also exhibited the morbid specimen, consisting of bladder, prostate gland, and a portion of urethra.

Dr. Coombs gave a case of fracture of femur, treated successfully by fastening the foot in an elevated position, and allowing the hips and body to recede from it down a gently inclined plane, thus keeping up counter-extension.

Dr. McChesney was appointed essayist for next meeting, and Dr. Mendenhall his alternate.

On motion, it was agreed that a synopsis of the proceedings of this, and all subsequent meetings, should be furnished by the Recording Secretary for publication in the *Lancet and Observer*.

On motion, Association adjourned, to meet at Batavia the second Wednesday in May next.

L. T. PEASE, President.

S. SCOVILLE, Secretary.

---

### Hendricks County, Indiana, Medical Society.

Meeting held July 17, 1860. Reported by WM. F. HARVEY, M.D., Secretary.

Dr. N. Mendenhall read the following paper on chloroform :

The greatest boon conferred on the medical profession, and through that profession on mankind in general, during the last half century, either for the prevention of pain in surgical operations, or alleviating suffering from disease in other respects, has been the discovery and introduction of anesthetic agents. Among the various articles used to produce anesthesia, chloroform stands first, both with reference to its prompt action and the facility with which it can be administered; seldom disappointing the surgeon by failing to produce the expected anesthetic influence, or the physician by failing to relieve the suffering for which it is given.

Although it is a remedy of inestimable value, when cautiously used and properly guarded, it may become in unskillful hands, or from want of care in its administration, an agent of destruction; and, indeed, even when the utmost caution has been used in regard to the amount given, and the manner of giving it, it has been followed by fatal effects.

The action of chloroform on the system has been divided into different degrees or stages. Prof. Wood in his *Therapeutics and Pharmacology* gives three stages:—1st. A preliminary stage of slight cerebral confusion; 2d. An anesthetic condition, or insensibility to painful impressions, which comes on before consciousness and the power of motion are lost; and 3d. Deep sleep or coma, with complete muscular relaxation.

Dr. Snow gives five degrees of its influence:—1st. All the effects of chloroform, while the patient retains his consciousness of what is going on around him, and where he is; in this degree a tooth may be extracted, and other minor operations performed, while consciousness remains. In the second stage there is no longer correct consciousness, the mental functions are impaired, but not necessarily suspended. In this degree there is sometimes so complete loss of sensation that the surgeon's knife may be used without pain, especially in children. In the third degree there are no longer any voluntary emotions, and the patient is incapable of any perception or consciousness of pain. In the fourth degree the breathing is stertorous, pupils dilated, muscles completely relaxed, and the patient perfectly insensible. In the fifth degree respiration becomes difficult, feeble, or irregular, and finally ceases, and is followed by cessation of the heart's action, and death.

Churchill gives three stages:—First, a stage of excitement; then follows calm sleep, and then stupor.

In Druitt's *Surgery* we also find three stages or degrees of action given. The first "is merely a pleasurable feeling of half-intoxication; the second is one of extreme pleasure, being similar to the sensation of breathing nitrous oxide gas; there exists in this stage a perfect consciousness of everything said or done, but generally an impossibility of motion; in this stage, also, there is not exactly an insensibility to pain, but rather an indifference, a care-for-nothing sort of feeling, and if surgical operations be performed in this stage, the patients almost always recover before the operation is completed, and the results are unsatisfactory. The third degree is one of profound intoxication and insensibility; the individual is completely lost to external impres-

sions; the muscles become prostrate, the circulation lessens, and the temperature falls."

The order in which the different parts of the nervous system becomes affected during the inhalation of chloroform, is stated to be as follows: First, the cerebral lobes, next the cerebellum, third, the spinal marrow, and, finally, the medulla oblongata, which is, of course, soon followed by death. This is, no doubt, the general mode or order of its action, yet it may influence one part of the brain in one subject, and in another act primarily on a different portion of the nervous mass, and the results be very different. Thus Meigs, in his work on Obstetrics says, in regard to the action of ether and chloroform, that "the statements show that the power of these anesthetics is capable of abolishing the sensibility, without greatly interfering with the motor power of the subject, or it may abolish the motor power, and allow the sensitive power to be acute as in health. The inhalation may produce anesthesia of the thinking brain, yet have the coördinating breathing and seeing brains intact, or it may put a temporary end to the power of the cerebellum and tubercula quadrigemina, without influencing the other parts of the encephalon." At other times the whole force of vapor inhaled seems to be directed to the nerves of the heart, and death results from syncope; nor does it seem to depend on the amount used, or the degree of dilution with air, but depends probably, as is stated by Prof. Wood, "on some idiosyncrasy of the patient, in the same way that one grain of calomel will sometimes salivate." And as there is no way of telling before its use what the effect may be, it is a matter of paramount importance that its administration be carefully watched, and its exhibition suspended at the first unfavorable symptom, such as failure of the pulse, stertorous breathing, etc., and it is absolutely necessary that its administration be entrusted only to competent hands.

Does chloroform increase the ratio of mortality in surgical cases? This question is in dispute. Dr. Simpson thinks it is lessened, and has published statistics to show that such is the case; while, on the other hand, Dr. Arnott adduces figures to prove that it has materially increased. Ericksen, in his *Science and Art of Surgery*, says he "is inclined to think it has since the introduction of chloroform in operative surgery," but thinks it is not due altogether to the effects of the chloroform, but in a great measure to the less care in the selection of cases. "That since its use many cases are operated on under its influence, where, without it, the pain of the operation would have been sufficient cause for their rejection." He says further: "Making,



however, all allowance for the extension of operative surgery to extreme cases, that were formerly thought not to come within its range, I can not but think that chloroform does exercise a noxious influence on the constitution, and lessens the prospect of recovery in certain states of the system, more especially where the nervous power is enfeebled, or the blood is in an unhealthy state. Under such circumstances the depressing influence of the chloroform appears to me to act injuriously ; the patient does not rally so well after the operation, and immunity from suffering is purchased by a lessened chance of recovery." Skey, on the other hand, in his *Operative Surgery*, says : " Although I have seen its employment pushed in many cases to the verge of apparent apoplexy, I can not say, even in such examples, that the good has not largely predominated."

There is still a difference of opinion in regard to the selection of cases, and the proper time for its administration. Some surgeons advocate its use in all cases of primary amputations, before the system rallies from the shock of the injury, and consider it to be of " inestimable value in preventing a second shock ; " while others are of the opinion that it is unnecessary, if not positively injurious, and consider the shock itself the best anesthetic.

Some, according to Ericksen, go so far as to believe that the pain produced by the operation will act as a stimulant, and assist the system to rally. But this appears doubtful ; for when the system is down already from an injury it has received, it would seem to be an uncertain mode of arousing it by inflicting a second injury, which, if the patient was sound, would of itself produce a shock of no small magnitude. And, on the other hand, if the prostration should be so great that it would prevent an operation without chloroform, its administration would in all probability produce a depressing influence, that the recuperative powers of the whole system would fail to overcome. In such cases, it has been recommended to use ether or alcohol with the chloroform, which, by their stimulating properties, would counteract, in some measure, the sedative action of the chloroform, without impairing its anesthetic influence. Some recommend giving a glass of brandy just before using the chloroform, and say the patients rally much better and sooner than without, and that the danger of syncope is in a great measure avoided. I have seen this plan adopted with the happiest results.

In regard to the use of chloroform in obstetrical practice, we also have conflicting opinions ; some, as Dr. Simpson, advocating its use to " subdue the suffering of childbearing," and states that " its effect is

perfect, and may be maintained uninterruptedly for many hours, without influencing the frequency or force of the uterine contractions, and without any eventual harm." Prof. Meigs is strongly opposed to its use, either in natural labor, or, with few exceptions, in cases of instrumental delivery, and observes, "that after having carefully studied the effects of etherization or chloroformization, whether in this country or in Europe, I remain as yet unconvinced either of the necessity of the method, or its propriety, as an ordinary recourse." Yet he does not say that there may not be cases where, from the amount of extreme suffering, it may not be necessary "to cast the woman in the full anesthesia of etherization." Dr. Churchill is a warm advocate of its employment in obstetrical operations, but thinks it has done, and may do much harm, and advises that it be used with caution, and adds: "As to natural labor, as I do not believe that in the large majority of cases convalescence is at all impeded by the suffering, I can not see the necessity, or even the propriety, of urging the employment in every case, and I do feel that greater caution ought to be used than in operative midwifery."

The contraindications for the use of chloroform seem to be determination to the brain of apoplectic type, great exhaustion from loss of blood, and diseases of the heart. (Skey.) The antidotes are fresh air, dashing cold water in the face, ammonia, and in extreme cases artificial respiration.

From the tenor of the quotations I have used, I arrive at the following conclusions:

1. Chloroform operates as a sedative on the nerve centres, and through the nervous system on the circulation, as is shown by the condition of the pulse, which, as the chloroform exerts its influence on the system, becomes weaker, slower, and less frequent.

2. That, as a general rule, its first effect is felt on the cerebral lobes, next the cerebellum is brought under its influence, then the corpora quadrigemini, then the spinal marrow, and lastly the medulla oblongata, when life soon becomes extinct; but that it may in some rare cases spend its force on the heart, producing instant death.

3. It may, as a general rule, be used with safety where the constitutional disease is not such as to preclude an operation.

4. That in midwifery, unless in case of extreme suffering, it is perhaps best not to employ it in natural labor, but may be of great benefit to the accoucheur, as well as the patient, in instrumental delivery, turning, etc.

5. That in all cases it should be used with caution, and never

entrusted to those who are not acquainted with its effects, or to careless hands, and that its use should be discontinued at the supervention of the first unpleasant symptom, sinking of the pulse, stertorous breathing, etc.

6. That it is, in most cases at least, better that the chloroform be diluted with ether, or alcohol, which by their stimulating effect will prevent too great a degree of sedation, without impairing its anesthetic properties; or, that a stimulant of some kind be given before the use of the chloroform.

— Dr. Hutchinson said the subject of anesthetics was one in which he needed instruction. He thought the facts set forth in the paper probably correct, and he gave a history of the discovery of anesthetic agents in Boston. The statements in reference to anesthesia by the discoverer were received with doubts, and the profession then opposed the position taken by him, until he told them what the agents used were, and administered them. Dr. H. uses chloroform as a medical agent, and in obstetrics mixes chloroform and ether. He has used it in other conditions, for the purpose of allaying spasm, as in puerperal convulsions; thinks it a good remedy in such cases, and that it will allay the spasms. He gave it in a case in which forceps were used. He would use it in cases of convulsions from albuminuria, and for spasms in children. He had seen it given to a person on whom the operation for extracting a tooth was to be performed. It made the patient wild.

There are something near a hundred cases of death from its use on record, but some of them may have died from other causes. Thinks the majority of cases of death are produced by asphyxia. It is a great agent, as well as many others, for the relief of disease and suffering.

Dr. Cox has had but little experience with chloroform. He uses it internally, as in gastralgia, and where there is stricture in the bowels, where purgatives would not act well. He gives from one-half to a teaspoonful; knows of no remedy as good in gastralgia; has known it to relieve in cases where large doses of compound extract of colocyntn failed to act. He follows its use by calomel. Has used it externally with good effect to sooth pain.

Dr. T. B. Harvey has had some experience with it as an anesthetic, but has not used it as an external remedy. For extracting teeth, opening small abscess, and such purposes, he has used it so as not to produce complete anesthesia. He thinks it may be used safely in this way pure; but in graver forms of disease, it ought to be combined with ether, or alcohol. He has administered it to assist in reducing



dislocation. He and Dr. Hutchinson had used it in a case of luxation of the shoulder joint, where the ordinary means had failed, and where lever power applied by means of a wheel, so arranged as to produce steady and powerful traction, also failed; the reaction was easily effected while the patient was under the influence of the medicine.

Dr. Heavenridge said this paper is of a practical nature, giving the kinds of cases in which it may be used. The essayist did not give the *modus operandi* of the agent. Heavenridge thinks that it acts by displacing the oxygen, and supplying its place with carbon in the blood. He says that the cerebrum requires a greater amount of oxygen than the cerebellum. It — chloroform — diminishes the energy of the medulla oblongata; it impairs the action of the heart through this agency. The laughing gas operates in an opposite manner, by supplying oxygen and depriving the blood of carbon. He considers chloroform the best of the anesthetics. He has seen chloroform and ether both used separately and conjointly: conjointly it produces a wild, delirious state. Dr. Brainard once objected to the use of chloroform, but now thinks very favorably of it, giving a little brandy soon after its use. Dr. H. has given it in spasms of the stomach with good effect, but finds that to continue its use too long it produces anemia. He has used it in various forms with good effect.

Dr. Thompson has not used it much himself. In respect to the *modus operandi* of the medicine, he thinks a little differently from Dr. Heavenridge's position — he thinks it is absorbed first. He does not think the theory good that the agent acts on the parts as Dr. Heavenridge states; but that it acts first on the cerebrum, and on down, and finally on the nerve centres. He does not think it acts primarily on the blood, but on the nerves, and then on the blood, by producing a failure to aërate the blood; that its manner of action is a peculiar idiosyncrasy. There are several contraindications to its use. He thinks it excellent in spasmodic disease. He compares its action in such disease to holding on to the rein of a horse trying to run away. He is of opinion that it has no effect on uterine contractions,—has used it in one case. He once had the medicine administered to himself by Dr. T. B. Harvey, for the purpose of having a tooth extracted. He knew all that was passing, he thought, and when the tooth came out, but felt no pain. He says Dr. Palmer gives it to his patients from the phial, letting the patient hold the phial, for the reason that so soon as he has taken enough, the arm will fall. He stated the manner of using it by Dr. Palmer in neuralgia; thinks it might be injected under the skin in neuralgia; would have been afraid to ad-

minister large doses at first, but now thinks he would give large doses ; gave it in one case of sciatica, in which other remedies had failed, by inhalation ; continued it from day to day until patient took two quarts. It relieved.

Dr. Hutchinson explains his idea of the *modus operandi* of the medicine by asphyxia, by stating the manner of the production of asphyxia. Pressure in the brain produces it.

Dr. Heavenridge gave it in a case of *geming fits*, from drunkenness, at a time when the case seemed to be near a fatal termination. Partial relief. He died. Also in the case of a lady with nervous twitchings or jerkings on one side, one arm, and one side of her face. She grew constantly worse, until chloroform was given her, when she became quiet. But she died. The remedy was used after the active stage had been reduced by blisters, etc. He thinks it a good remedy in delirium tremens ; has given it in such cases with good effects ; has given it in typhoid fever, where there was morbid vigilance, where other remedies had failed.

Dr. Clark has had no experience with use of chloroform, but says that Prof. Davis used it in the morbid vigilance of typhoid fever.

Dr. Kenedy thinks we do not know anything of the *modus operandi* of the agent ; thinks the mixture of chloroform and ether not good, because he never saw a case that could be kept still under their use. He saw the mixture frequently used in college. Prof. Brainard administered it sufficiently to get the patient under its influence, then took it away, and as soon as it began to lose its effects, he applied it again. As an internal remedy, K. gives it in teaspoonful doses. He says our object is to first get the patient still, and then keep him so until the operation is performed. There are cases in which this remedy is not so good as morphia. He has given it in hysteria with rapid relief.

Dr. Clark wants to know what is the consistency in mixing chloroform and ether, as he thinks the effect of each opposite the other, ether being a stimulant, and chloroform a sedative.

Dr. Cuminger thinks the chloroform obtunds the nervous sensibility ; that it paralyzes the motor nerves. The agent enters the circulation, and acts throughout the whole system. The *modus operandi* is as Dr. Heavenridge has expressed it. He thinks pure chloroform the best ; does not like the mixture of chloroform and ether. He has used chloroform in various forms ; gave it in traumatic tetanus, but the patient died ; has used it with controlling effect in convulsions ; thinks it an

excellent agent in surgery. Dr. Morton has used it in no cases but externally; thinks it would be *the* remedy in puerperal convulsions.

Dr. Lockhart has not used it very much. In the school where he obtained his education, they were opposed to its use. Dr. Meigs opposed it, and there was an agreement not to use it in the college. He thinks its effect all in the manner of giving it, and, therefore, disagrees with Thompson. He thinks burglars do use it. Persons asleep, are naturally in a condition to receive it, and it does not take much to produce anesthesia under such circumstances. He stated how Dr. Jameson used it for extracting a tooth. The Doctor talked his patient into the condition favorable for its action, so that it took but little to produce the desired effect. As to the method of its action, Dr. L. agrees in opinion with Drs. Hutchinson and Heavenridge. It is not much absorbed; it produces partial paralysis of the pneumogastric nerve. As a result we have imperfect aëration of the blood. In a word, we have partial asphyxia, or so-called anesthesia. Thinks Heavenridge's idea good, that it supplies the place of oxygen. As a local agent chloroform is an excellent remedy. Has never been able to relieve but one case of neuralgia.

Dr. Evans has had but little experience with it; has seen it given in an operation of necrosis in a child, in which it had almost proved fatal, and in a case of a man with cancer of the face, with dangerous effect also. In those cases which have died, many of them presented various diseases, while others presented no disease at all; thinks it ought to be used with caution, and mixed with ether. He has given it in connection with quinine in intermittent fever, with good effect; but it produces intoxication, or an unpleasant effect. The *modus operandi*, he thinks, is as Dr. Cuminger has stated.

Dr. Reagan thinks Dr. Lockhart a little too timid about the article. He has used it often, in various forms; he applies water to the face as a restorer, after its use; saw it used in a case of cancer of the eye, with good effect. He gives it in doses of a teaspoonful; it is a good agent, used judiciously. He gave it in a case of spasm in a child, and relieved it directly; has but little faith in its external use. He thinks we are too much afraid of it; we give it and *run*.

Dr. Wm. F. Harvey has never used the remedy, except as a topical agent for the relief of toothache; says he saw the mixture of chloroform and ether used in the Commercial Hospital, in a large number of cases, and many of the persons to whom it was administered had severe operations performed on them, as amputation of the arm, foot, thumb, etc., and in no case did he see the effect spoken of by Dr.



Kenedy, but that all seemed to be tolerably easily made still and to remain so.

Dr. T. B. Harvey states that there is a medico-legal view of the subject that has not yet been brought to view, that is, in case of rape while a female is under its influence. He mentioned the case reported in Dayton, Ohio. He believes that a person may perform rape, and the female be conscious of it, yet powerless.

Dr. Cuminger asks, May it not be a hallucination of the mind, while under the action of the remedy?

Dr. Thompson related a case of a female whose mind was in such a condition that they thought the physician had violated her person, while there were many persons in the room, and the door open on the street.

---

## Correspondence.

---

### Delivery of the Placenta in Early Abortion:

A REPLY TO THE CRITICISM OF O. C. GIBBS, M.D., PUBLISHED IN THE AMERICAN MEDICAL MONTHLY FOR SEPTEMBER LAST.

---

MESSRS. EDITORS :—A copy of the above journal having been sent me a few days since (now December 6th), I discovered, upon looking over its contents, among a batch of compilations, by that indefatigable collaborator of the journal, O. C. Gibbs, M.D., a garbled extract from, with an accompanying criticism upon, an article of mine, bearing the title above-named, and published in your journal for July.

We think this doctor is certainly afflicted with a *cacoethes carpendi*. He seems to have a penchant for pointing out the errors of his professional brethren, and then condescendingly giving them the benefit of his vast fund of knowledge, and imparting his (of course, the best) method, notwithstanding it should smack almost of the schools of the Asclepiadæ; he feels, profoundly, the responsibility of his position—caterer to a metropolitan journal,—and deems it his prerogative, nay, imperative duty, to set men right, should they chance to differ from him! His counterpart must have flourished in the days of Hippocrates, when some contended “man was all blood, others that he was all bile, others all phlegm, and some all gas.”

Not long since, I proposed a remedy for obstinate intermittents, one which will cure nearly all cases, in a very short time, when administered in a certain manner. Now, this astute gentleman discovered that the treatment—*remedy*, I presume he meant—was not new; it

was not claimed that the remedy was new, nor the treatment entirely so, although I never saw or heard of any written account of it. When novelty or originality is claimed, then it is time enough to deny such claim.

In intermittents that were recurring every few weeks, I generally performed a permanent cure in from ten days to two weeks. Now, it is a notorious fact that in malarial districts quinine will often do no more than temporarily arrest the paroxysms, and that patients are sometimes subject to a recurrence of them even while continuing the remedy in prophylactic doses; yet, this gentleman trots out his eternal quinine, which he says must first be given to arrest the paroxysms, then a dose every morning for a week, and then once a week during the malarial season. This is an improvement upon arsenic with a vengeance! But to the present case.

In my paper I propose to stop the hæmorrhage in early abortions, consequent upon a partially adherent placenta, by the removal of this body with the finger, in preference to all instruments, etc. But because, forsooth, some great lights in the profession, as Gibbs, Gardner, Meigs, Ramsbotham, and some other eminent gentlemen, have failed to deliver in this way, *ergo*, it can't be done; and, with a commendable interest in the welfare of young practitioners, he warns them to prepare for a failure in my method, and "to be acquainted with other resources." And as Moses pointed the Israelites to the brazen serpent in their time of trouble, so he points to them in their hour of extremity, to a sure deliverance. *Vid.* Carey's decidual separator.

In a quotation he makes from my article, which reads as follows: "Sometimes I do not get all (the placenta) removed," etc., he seems to have found a mare's nest—a text upon which to base a homily, and with great self-gratulation he exclaims: "So it seems Dr. Sheets is not always successful," etc. I do not say I *can not* remove all, for I can if I choose. But where is my want of success? I thought the great object of success was to arrest uterine hæmorrhage, which I always do, notwithstanding I do not always remove the entire placenta. From experience I have learned that the *complete* removal is not always necessary to stop the hæmorrhage, which being arrested the great object is accomplished, be the placenta all or only in part removed. Effecting the separation (here I would observe that the word *pull* in the original article should read *peel*) of the placenta from the uterus is often exceedingly painful, let it be done in what manner it may, and you will many times be begged by the patient to desist. So soon as I think a sufficient amount has been removed, I cease my efforts. It

must be remembered that these placentæ often adhere with great tenacity, and that no finger or instrument can remove them other than *piecemeal*, for which our worthy friend has such a horror.

He next tortures his brain to present a case in which I should fail, unless I have "a small hand, or a finger nail two inches long." I concur in an opinion I once saw, that no man with a very large hand ought to practice midwifery. In this case, I judge, from it and the context, he is of opinion I could not introduce my hand into the vagina. He quotes Ramsbotham as saying there are some cases in which the hand can not be introduced into the vagina. Ramsbotham simply says no such thing, but that "we shall be equally unsuccessful in any attempts we may make to get it (the placenta) away by the introduction of the hand; for the *uterine cavity* is not large enough to admit the passage of the hand within it." Our critic also says: "We have seen several cases in which it was all we could do, with justifiable force, to touch the os, saying nothing of traversing the whole interior of the womb." We will just say to Dr. G. that if he had introduced one hand into the vagina, the womb being well pressed down with the other, he might have traversed the whole internal surface. Does not every one know that the vagina is very elastic; and the gradual introduction of a hand, well lubricated with oil, with the fingers extended, the ends of the index and little fingers touching, and the thumb lying over the palm, can be effected with little pain? At least my patients make but little complaint of this part of the process.

There was a time when I thought as Dr. Gibbs. I have had cases in which I could feel the os, and when I used all the force I thought justifiable, I could merely touch part of the placenta, or membranes. Now, if this same amount of force had been properly directed, I might have reached the fundus uteri, and removed the placenta; but my hand was shaped into a fist, except the index finger, and kept entirely outside the vulva; of course, under such circumstances, and with a short finger, I could never reach much farther than the os. How I have toiled and labored, for days, with mechanical contrivances, to get away the placenta, my patient suffering all the while from hæmorrhage, except when the tampon was applied! If I am ever forgiven for the past, the future shall bear a better record! It did not occur to me for a long time to introduce my hand into the vagina, and then with one finger enter the womb, detach and bring away the offending and mischief-making substance; I had no one to tell me. How gladly I should have improved the lesson; but gradually the knowledge forced



itself upon me. And now, when the method is plainly pointed out to our critic, he is as blindly in the dark as before.

Since the publication of my article, I have learned that Dr. W. Tyler Smith removes the ovum, by means of the finger, pretty much as I have described the removal of the placenta. He says: "If the bag of the early ovum can be felt with the finger in the cervix uteri, it can generally, by careful manipulation, be separated from the uterus, and got away by the finger alone. *Sometimes it is necessary to introduce the hand into the VAGINA, in order to get the finger into the uterus*; and if the hæmorrhage is alarming, the case urgent, and the os uteri sufficiently dilated to admit the finger, there need be no hesitation in adopting this method. I have never seen any ill effects from such an introduction of the hand and finger."

But let us turn again to our critic: "We repeat there are cases where a physician would not be justified in using the requisite force for the introduction of an ordinary sized hand, at least so long as there is a better, easier, more expeditious and less painful way to accomplish the same end." And what is this great desideratum which is now supplied? Carey's decidual separator. In the *Western Lancet* for April, 1857, we have a drawing of this instrument, which is made of steel, twelve inches long, one end shaped like a vectis, for introducing between the membranes and uterus, and effecting their separation, while the other end is fashioned like Dewees' placenta hook. Dr. Carey says: "The operation, with this instrument, is practicable at all stages of pregnancy, during which the ovum derives its nourishment from the mother through the decidua. This, of course, limits it to a short period, which is prior to the formation of the placenta; so that this instrument is only intended to separate the ovum and decidua, and not the placenta, from the uterus." Again he says: "The decidua can generally be extracted from the uterus by means of the claw or hook of the separator, *sometimes almost entirely*. When this is not the case, the *subdivision and comminution* to which it is subjected in detaching it from the womb, will greatly hasten its maceration and discharge." It is well known that an inventor will always claim the greatest amount of usefulness and perfection for his instrument; and yet, my friend Dr. Carey does not claim that he *ever* removes the decidua entirely; while, *per contra*, Dr. G. says: "We have horror of '*piecemeals*,' and believe that *success*," with this instrument, "*may always crown our efforts*." I have as great a horror of instruments when used as this is, as he has of *piecemeals*; and with Ramsbotham I entirely coincide, who says: "I have a great objection to the pas-

sage of any instrument within the uterus, unless we could guide it, and control its action by the finger or hand introduced into the cavity."

Two years ago, I had a bad case of hæmorrhage, consequent upon an early abortion. The patient was a very large, robust woman, but when I saw her she was quite faint from loss of blood, and almost in a state of syncope. After some searching, I found, and removed entire, a very small placenta, not thicker than a twenty-five cent piece. Such a placenta I defy any man to find with an instrument; it would be impossible to tell when the instrument came in contact with it, much less to get hold of and remove it. In a larger placenta the adhesion is so great that if you ever succeed in fastening the hook into it, it will tear out, while the claw will slip over, or to one side of the placenta, without detaching it. In some cases, when there is irregular contraction of the uterus, sometimes like hourglass contraction, an instrument can not be adapted to its internal surface, and therefore you can not touch the placenta at all where it joins the womb. These irregular contractions are sometimes caused by the finger, sometimes they seem to follow a removal of part of the placenta.

Hear Dr. Tyler Smith again: "It must be said, however, that with all the instrumental devices for the removal of the embryo, there is danger of injuring the uterus, and with the hand in the vagina a case can hardly occur in which the embryo and membranes, or portions of the latter, when retained, can not be detached and brought away by the finger. Time and patience are sometimes necessary for this manipulation, but I have never known it fail."

Notwithstanding all our critic's eulogies upon the separator, he always tries his finger first, to separate the placenta and remove the secundines; why not always have that instrument in his coat pocket, and at once resort to that "better, easier, more expeditious and less painful" method? We care not how ridiculous or absurd an idea may be, we always like consistency.

In conclusion we would only say: "*Nullius addictus in verba jurare magistri.*" Let every one judge of the respective merits of the two modes by a fair trial, and we are confident of what the decision will be with unbiassed minds.

L. D. SHEETS, M.D.

**Obstetrical Auscultation.**

B. F. RICHARDSON, M.D., AND HIS CRITICISM: A REPLY BY J. H. TATE, M.D.

---

Messrs. Editors:—In the December number of your journal I find that the author of a critique has again made his appearance. We notice, however, a marked change from the disdainful condescension which characterized his first effusion: the “short-gun literature” has evidently taken effect, and our some time eagle has suddenly dropt from his lofty hight, while now, as he floats on crippled wing, we perceive it was only a buzzard that was sporting in the upper sky.

In regard to our first case of auscultation he has now but a word or two to say, and from these we may gather that in his circle of practice he has found the rule established, that a physician is never to be left in a room with a female patient, without the presence of a third person.

In commencing a discussion of the case of ruptured uterus, he at once falls into the error of supposing that we had ever imagined it necessary to prove by authorities that it was a case of that nature. We attempted nothing of the kind, and only quoted Smith to show that the systems of rupture were sometimes so obscure that a physician might be for a few minutes in the room with a patient, might make an examination per vaginam, and yet not detect a rupture when one existed. Now, as the quotation proved the point, we are not surprised that our critic was dissatisfied with the extract.

The facts which we mentioned, as occurring in the case, and especially that the practitioner who introduced his hand into the abdominal cavity had declared it was a rupture, are sufficient to satisfy all fair-minded men; but there is a critic who, it appears, has a grudge of three and a half years’ standing to gratify, who, of course, will not be satisfied. Rather than believe this, with his usual proclivity for defamation, he will suggest that probably that physician ruptured the uterus himself.

Admitting it to have been a case of rupture of the uterus, our critic is willing to allow that the child had escaped into the cavity of the abdomen. But if this were so, then it must have been something more, for the uterus having been some time emptied, according to the conduct of hollow muscular organs, must have contracted to the size which it usually assumes after delivery, and, of course, the rent must have been proportionately narrowed; for, before we had arrived at our diagnosis, several hours had certainly elapsed since the occurrence of



the accident. Moreover, the child was dead, and as the pulse was not greatly depressed, the internal hæmorrhage must have been arrested.

Now, our sapient critic tells us that such a case is to be treated with the same promptness, and in the same manner, as if the child were alive and in the womb, and as if the accident had happened in the presence of the physician. Moreover, he tells us that on this subject our authorities are all united, and that the treatment upon which all agree is immediate delivery through the natural passages. How far this is true, may be seen by referring to the following passages:

“That operation (gastrotomy) is preferable to the method of those practitioners who have passed the hand across the rupture of the womb, in order to reach the feet in the depths of the abdomen. We should not extract the child by the feet, unless they can be felt near the mouth of the womb, or when the child is entirely within that viscus.”—Baudelocque, v. ii., p. 630.

“If the child has fallen completely into the abdominal cavity, the indications to be fulfilled will not be so clear. Some think it will be more prudent to open an artificial route for the foetus than to seek to return it through the natural passages. I have often had recourse to this latter method; the little success with which it has been crowned, in the divers cases where we have employed it, seems to legalize the boldness of those who decide to open the walls of the abdomen.”—Moreau, Prof. of Obstetrics in the Faculty at Paris, v. ii., p. 397.

“If the child has not passed entirely into the abdominal cavity, we should endeavor to terminate the labor by the natural passages; but in the contrary case, recourse must be had as soon as possible to gastrotomy.”—Colombat, p. 236.

“I am convinced that, should I be called to the conduct of such a case, (the child in the cavity, and some hours elapsed since the accident,) I should feel bound by my conscience to recommend delivery by gastrotomy.”—Meigs, p. 527.

This looks as if the unity was somewhat broken.

We find, too, that the experience of the two physicians at Cummins-ville was not very encouraging to delivery by the natural passages. After trying all night to deliver the foetus, they ended by leaving the head in the abdominal cavity. Mr. Hooper, of England, has given us a case which bears upon this subject. He tells us that in a case of ruptured uterus, two physicians tried for several hours to deliver an unfortunate woman *per vias naturales*. They failed, and the patient died under their hands. The next morning they opened the body to deliver the child. *They found the uterus contracted to the size*

*of a man's two fists, and the head and shoulders still in the abdominal cavity.*—Edinburgh Prac. Midwif., p. 492.

Our critic is greatly exercised by the fact that, having determined on gastrotomy, we did not at once proceed to operate. In our last article we stated the facts of the case, and gave the reasons which led to this course, showing that, so far from the delay proving injurious, it would probably have inured to the benefit of our patient; and as the critic has not seen fit to assail our argument, it must have been highly plausible, if not entirely satisfactory. It appears, too, from some of the reported cases, that delay in this operation is not always dangerous. In the Cumminsville case, from twelve to fifteen hours had transpired, (we state the time on the best authority,) from the accident to the time of operation; yet the case was successful. In France, two other cases are reported: one by Thibeaut, in which some hours (not stated how many) had elapsed before the operation; and in the other, that of Lambron, eighteen hours had passed between the occurrence and the operation, and yet both were successful. Our critic, too, has very kindly furnished us with some information in regard to the Cumminsville case, with which we were not before acquainted. He tells us that the poor woman, after the first operation, became pregnant again; when in labor the uterus again ruptured, and that the same practitioner who operated successfully at the end of twelve hours now operated immediately, and the woman died! And this, while earnestly contending for immediate delivery; and, moreover, he says that one of our ablest surgeons performed his first operation without any reason to believe that the patient could survive the immediate effects of it. Could stupidity itself go further? We must say, however, that we are rather pleased than otherwise that a man who always carries his forceps, should not be contented with our conduct in timing an operation.

As a specimen of the fairness of his rejoinder, we would call attention to what our critic says in regard to the presence of hæmorrhage in our patient. When speaking of the symptoms which were present at our first visit, we stated that so few of the usual symptoms of rupture were present, that we were not led to suspect its existence. Among other things, we said that there was no hæmorrhage—of course, alluding to external hæmorrhage, for this was the only kind which, under the circumstances, could have attracted attention. Now this remark this honest critic transports to other places, and makes it apply to the whole progress and condition of the case, as if there could be a rupture of the uterus without more or less internal hæmor-

rhage, and as if many cases had not been reported where there was no external hæmorrhage. And this is done with the following sentences staring him full in the face: "Here is a case just such as we encountered; the child dead and in the abdominal cavity, and the hæmorrhage arrested." Again: "In the case under consideration we have the shock, the hæmorrhage, etc., to keep down the inflammation." Now is not this a charming individual to be prating about misquoting, garbling, etc.?

Here I wish to acknowledge an error into which I fell, in my last article, in regard to his reported cases. This arose from the fact that the numbers of my *Lancet* are unbound, and I suppose that during the interruptions of business, and my absence, the numbers which had not been examined became mingled with those which had. At the time of writing, I really supposed that the interesting experiences of his stomach, with which we have been recently favored, was the only case which our critic had reported.

He comes forward with a grand flourish of trumpets, and makes what he seems to have considered an overwhelming charge, when he accuses us of erroneously stating that Burns and Denman were in favor of leaving cases of ruptured uterus to nature. In so common a work as Dewees' *Compendium* we are told that both held such opinions in the very zenith of their fame. The words of Denman are quoted thus: "When the uterus is ruptured at the time of labor, both reason and experience show that the patient has a better chance of recovery by resigning the case to nature, than by any operation or interposition of art."—8th ed., p. 540. In an edition of Burns, edited by James, the former expresses himself decidedly in favor of relying upon nature in these cases. N. Y. ed., p. 266. According, then, to B. F. Richardson, M.D., the late Professors James and Dewees have been guilty of literary vandalism upon the writings of some of our most reputable obstetricians!

In regard to our third case, it is only necessary to say that the gentleman who accompanied me, and myself, heard distinctly the beating of the foetal heart, at the very time when we proposed and urged the use of the forceps, and that after this there was a very considerable delay, occasioned by matters over which we had no control.

We now turn to what relates to the distinguished reputation which the late Prof. Richardson has established in these parts, as an officious and ready operator, and most perfect diagnostician. That account which we gave of his grand achievement in our City Hospital, seems to have touched him to the quick, and perhaps it was this stroke of



the lash which made him unconsciously yelp out, "I have owed this individual nothing on the score of courtesy for three years and a half." Finding no other means of escape from the unfortunate dilemma in which truth had placed him, he resorts to a shameless mendacity, of which we could not have believed that even he were capable.

We stated that he had thrust a piercing instrument into the womb of a pregnant woman, and this we reëfirm in the most unqualified manner. He tells us himself that he saw the woman in the hospital on the first day of June, and that on the second she miscarried, with a five months' child. Now here is a curious case, with a very singular episode; one which our critic saw—one about which he gave an opinion—one in which he felt so much concern as to take down the day, and the dates. Why not give us a little light upon it? Why not tell us how it happened that on the day succeeding the first of June, this abortion took place? After meanly dragging the names of several gentlemen into print, it will not do to pretend that a regard for others is the occasion of his silence. No; this awful silence and obscurity shows plainly enough that a guilty culprit is trying to hide his shallow head behind the brains of men of intellect. There is not a man who has read his own account, but will believe that B. F. Richardson, M.D., did something more than "saw" this unfortunate woman on the first of June. It may be true that the idea of pregnancy was entirely excluded, but will he tell us that at the time of operating the idea that he was dealing with an encephaloid tumor, which might be scooped out, was absent from his head?

The charges which we make, we are well assured are true, and if our critic feels aggrieved, and is disposed to refute them, we challenge him to bring his case before the Ohio State Medical Society, and call for the proof. We promise him that we will be on hand, and shall show, by the testimony of at least three professional gentlemen, that he did thrust a piercing instrument into the womb of a pregnant woman, and that this took place in the Commercial Hospital, at Cincinnati.

The closing paragraph of our critic's communication discloses an insinuation, which we think entirely worthy of the man. It is made when he had within his reach the means of knowing, and no doubt did know, who was the person involved in that transaction. Such base and vulgar issues, while falling harmless at our feet, may serve to show the depths to which some minds can descend, when seeking a long kept and dastardly revenge, under the pretext of protecting the interest of a time-honored profession.

### A Case in Obstetrics.

NEW HAGERSTOWN, O., September 24, 1860.

GUSTAV C. E. WEBER, M.D.—*Dear Sir*:—On the 2d of July last, I was called in by Rev. H—, to see his lady, who is thirty-four years of age, of medium size, of sanguine temperament, and who was near the full term of her fourth pregnancy. She had been confined to her bed most of the time for about two months previous.

About the commencement of the seventh month of her pregnancy, she was handling a tub, which slipped, and somehow struck her side. She immediately felt a struggle within her, followed by a sense of trembling, as she expressed it. In the evening, when her husband returned, she told him she feared she had killed her child. But on the day following, her fears were dispelled, as she felt the movement of a child as well as before the accident happened her. From that time she was unable to be up with any degree of comfort, until she was delivered. Her bowels were very constipated, with considerable biliary derangement. I left her twelve powders, composed of one-fourth of a grain of podophyllin and one-half a grain of leptandrin each, one to be given every evening, which had the desired effect. Still she could not be up much, as she informed me at the time of her delivery, the history of which is as follows: On the 16th of August, the Rev. H— again called on me, stating that his wife was in labor. We arrived at his residence at nine o'clock A. M. Her pains were very irregular and weak. Upon examination, I found the os uteri dilated the size of a half dollar, and the soft parts well disposed. Upon examining the abdomen, I found it very large, and at the right side, where she stated that she had hurt herself, I felt something about the size of a child's head, but not so hard, which she said had been there and felt like a "dead weight," ever since she got hurt. I began to suspect a twin case, as I could feel a child's head through the os uteri. Her pains continued much the same till seven o'clock P. M.; if anything, they were becoming weaker. At this time the head entered the superior strait, and the membrane burst. I waited for a few more pains, which were no stronger, and did no good, although the head was small and the pelvis ample, the soft parts in good condition, and the posterior fontanelle corresponding to the left acetabulum.

Under these circumstances, I administered the tincture of ergot in forty-drop doses, every twenty minutes, until three doses were given, when slight ergotism was produced. She was delivered in less than

an hour of a well proportioned female child, weighing perhaps five pounds, which cried rather feebly. As soon as the cord ceased to beat it was separated, and handed to the nurse, and my attention turned to the mother, who had had one pain, and was getting another. Upon examination, I found the membranes protruding, with both feet of a very small fœtus. The membranes were immediately ruptured with two more pains. She was delivered of a five months' fœtus, considerably putrified, with the umbilical cord entirely separated by decomposition, and the vulva partly obliterated. In less than thirty minutes after the birth of the last child, the placenta both came away, for there were two. In two hours after the birth of the last child, I took my leave, when mother and child were both doing well. The mother was troubled some with pains, but not so much as to require relief. I have seen them twice since, and they are both doing well.

Respectfully yours, E. A. OPPELT, M.D.

---

SAN FRANCISCO, CAL., October 16, 1860.

DR. E. B. STEVENS—*Dear Sir:* . . . I ligated the arteria innominata three weeks since, and had it not been for the fact that no case has yet recovered after that operation, I would calculate with the greatest degree of certainty on the recovery of the patient, he is so very well. He can walk about his room, has a first-rate appetite, and sleeps well. The right side of the summit of the sternum and inner half of the clavicle were run over, cutting off, of course, the sternocleido-mastoid muscle. The scalenus anticus had to be divided, so that on dressing the wound, there was nothing but the flap covering the aneurismal tumor, and upper terminus of the arteria innominata. I availed myself of this circumstance to institute strong compression, with the view of condensing the tissues external to the ligated vessel. But for all that, I shall look out for a spurt from the artery soon. The patient is taking half a grain of morphine daily, for the purpose of reducing the heart's action. I shall report the case as soon as its termination is known.

E. S. COOPER.

---

Under date of October 31st, Prof. COOPER writes concerning the above case additionally, as follows:

Since writing you before, my case of ligation of the arteria innominata has had an arterial spurt, but the amount of blood lost was very small and readily arrested by pressure applied by a student who chanced to be present at the time. Of course, I don't permit myself to



hope that the hæmorrhage will stop here, or that the patient will recover ; but still I certainly believe it possible.

In several of the fatal cases after this operation, death occurred by hæmorrhage from the distal side of the ligature ; but, as explained to you in my last, the tissues have been so removed that compression can be made directly upon the artery itself, so that I could save the patient if death were dependent upon hæmorrhage from the distal side of the ligature.

If I should perform this operation again, I would remove a portion of the clavicle, whether necessary to the securing of the vessel or not, for the greater convenience of applying pressure afterwards. In this case the patient would certainly have died of hæmorrhage if the clavicle had not been removed, because in that case the pressure could not have been at once sufficient to arrest the bleeding. More anon.

The patient has a fine appetite, is vigorous, sleeps well, and has no pain.

Very respectfully, E. S. COOPER.

---

## Reviews and Notices.

*On Diseases Peculiar to Women, including Displacements of the Uterus.* By HUGH L. HODGE, M.D., Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania. "*Nullius addictus jurare in verba magistri.*" With original illustrations. Philadelphia: Blanchard & Lea. 1860.

The author of this new and very excellent book, just fresh from the publishers', has been a practitioner and teacher of the obstetric art, in the city of Philadelphia, for more than a third of a century. Among his professional brethren, no man is more sincerely esteemed than Prof. Hugh L. Hodge ; and yet, with his large obstetric experience, with his honorable standing in the profession, and with the prestige of his position in the University of Pennsylvania, he has until now withstood the book-making mania that has so thoroughly prevailed in his native city ; and in his characteristic modest style presents his personal views and experience upon some of the topics connected with his specialty, only as a result of a life of labor. The courtesy which prevails amongst the well-bred physicians of Philadelphia is exhibited in the two corresponding books of Drs. Meigs and Hodge. Years ago, Prof. Meigs prefaced his *Letters to his Class* with a dedicatory letter to Prof Hodge, in which he affectionately urged him to make a "*sign*" for the benefit of the profession. Our author acknowledges the compliment in this book, and very pleasantly says :

"We were, indeed, instructed by the same Alma Mater, and have toiled together for upwards of forty years in the arduous and responsible duties of our profession. The chain of our friendship has never been broken, or even sullied. You politely urged me to make a '*sign*' for posterity: I have at last ventured to make one in the form of the work now sent to you."

The general plan of the work before us is somewhat peculiar and original: Part I.—Treats of Diseases of Irritation. Part II.—Of Displacements of the Uterus. Part III.—Diseases of Sedation.

"Under the denomination of *irritable diseases* of women," to quote from our author, "are included those which more or less directly involve the cerebro-spinal nervous system. Of course, they are very numerous and diversified; but, nevertheless, they so often, indeed so generally, depend on some local irritation, that their apparently varied, complicated and mysterious character will be in some degree dissipated by a close analysis of their phenomena, and their treatment be rendered simple and more efficient."

Under this general head is embraced a large portion, at least half of the volume, and a great range of important and interesting topics are discussed. Thus a general consideration of irritability, congestion, neuralgia, anemia, vital power: all these, however, as especially influencing, or being influenced by conditions of the uterus. Under this head our author treats of painful affections and conditions of the uterus: hypertrophy, hæmorrhagia, leucorrhœa, dysmenorrhœa, inflammatory diseases of the uterus, etc. In the same association he treats of reflex conditions, in which the respiratory organs, and various other organs of the general system, evidently manifest symptoms in sympathy with the uterine affection.

Under the second general head, those various displacements familiar to the profession are treated *seriatim*, and presenting the author's especial views and modes of treatment. It is, of course, scarcely necessary to follow him in detail.

Three brief chapters devoted to "diseases of sedation," close the volume. By diseases of sedation, our author has reference to those states of the system which stand in antagonism with conditions of excitement or irritation: "as irritation is an increase of the vital phenomena or actions of a part or of the whole, sedation is a decrease of those phenomena. In a moderate or normal state, we may say it is inertia or torpidity; in a more severe or morbid state, it is sedation."

This new book is destined to meet with very decided favor from the profession: it is clothed in a very readable style, and illustrated

with many cases from the practice of the author. It does not possess the excessive piquancy of the "letters" of his friend Dr. Meigs, but is certainly brisk enough to be exempt from the criticism of "dullness and jargon," which Dr. Meigs has applied to the writings of the fathers in medicine. We must not omit to say, in conclusion, that the publishers have presented the work in beautiful style: the paper is beautiful, the impress clear, the wood-cut illustrations satisfactory.

For sale by George S. Blanchard, Cincinnati. Price \$3.25.

---

*Statistical Report on the Sickness and Mortality in the Army of the United States.*

Compiled from the Records of the Surgeon-General's Office: embracing a period of sixteen years—from January, 1839, to January, 1855; with a second volume of the same, embracing a period of five years—from January, 1855, to January, 1860—a total of twenty-one years. Prepared under the direction of Brevet Brigadier-General THOMAS LAWSON, Surgeon-General United States Army. By RICHARD H. COOLIDGE, M.D., Assistant Surgeon United States Army. Washington: A. O. P. Nicholson, Printer. Two 4to volumes, 703 pp., and 514 pp.; with outline maps.

We are indebted to the courtesy of the Surgeon-General of the Army, for the volumes giving the mortality statistics of the United States Army for twenty-one years. They were prepared under instructions from the Secretary of War, and in accordance with a resolution of the Senate of the United States, demanding these statistical reports.

The study of these volumes is very interesting and very instructive in many respects. At first sight they appear to be so largely made up of statistical tabular matter, as to become suggestive of the tax-lists on our county records; but a more careful examination discovers a vast amount of information, of a peculiar character, and most laboriously and systematically arranged and elaborated. The chief labor of this compilation and arrangement has devolved on Assistant-Surgeon R. H. Coolidge, U.S.A., a gentleman, by the way, who has appeared in honorable association, in the Transactions of our American Medical Association.

Our space forbids anything like an analysis, or even outline, of the material collected in the large volumes before us, but we wish to give the reader an idea of its character and general plan.

In his report to the Surgeon-General, Dr. Coolidge remarks: "In order to make the records of this office practically useful to the physicians in civil life, and to render them subservient to the elucidation of the effects of climate in the causation and development of disease, it was necessary not only to present the vital statistics of the army in peace, separate from those in war, but also to arrange the former in



such manner as to render their comparison with the statistics of civil communities as free from objection as possible ;” and we find that, so far as could be, this distinction has been steadily observed. Of course, the diseases incident to campaign life, and as the result of unusual fatigue from long marches, to a certain extent, give character to the diseases of regular garrison life ; still, with this exception, the diseases of soldiers in garrison may be regarded as partaking of the general characteristics of diseases affecting persons in civil life.

Another feature of these volumes is worthy of notice, as contributing to their value ; the plan which the author has adopted, “ of considering the statistical and topographical details of the military posts in geographical divisions and subdivisions, having similar climatological features.” He also remarks, that “ instead of presenting the diseases of each post in a distinct abstract, it has been determined to consolidate the diseases of the several posts in each subdivision or region into one general abstract for that region.”

In pursuance, then, of these preliminary plans, we find the reports embraced under the several subdivisions : The military posts, which lie north of latitude  $40^{\circ}$ , and east of the Rocky Mountains, constitute the northern division ; we have also a middle and a southern division ; as also the divisions of Florida, Texas, New Mexico, California, and then the territories of Oregon and Washington.

Embraced in the report of the assistant surgeons, from the various posts, we find much valuable information on *scorbutus*, *epidemic catarrh*, *febris typhus icterodes*, *Asiatic cholera*, etc. In the form of an appendix to the first of these volumes, we find considerable space devoted to reports on the use of quinine in the army. Upon all these suggestive topics, we might find occasion to make extended notes, which would, doubtless, prove of interest to our readers, but we have not the present leisure to condense the matter presented within reasonable limits.

By order of the Senate, a large edition of the volumes were printed, and, we presume, any of our readers interested could procure them upon application to the members of Congress from their District.

---

*Proceedings of the American Pharmaceutical Association*, at the Ninth Annual Meeting. Held in the City of New York, September, 1860.

We are again laid under obligations to the courtesy of Mr. W. J. M. Gordon, of Cincinnati, for a copy of the above volume of transactions. This volume of proceedings and papers of the American Pharmaceutical Association is very decidedly below the standard of

1858 and 1859, as to size, but a somewhat careful examination of the volume before us, for 1860, has convinced us that there is no falling off in the real value and interest of the papers presented. Of course, much of the transactions, many of the papers read, and their discussion, is mainly of interest to professional pharmacentists, but a portion of the papers are of quite as direct importance to practical medicine itself. For instance, we find a paper on "the production of atropia, from American grown belladonna root," presented to the Association by Wm. Procter, Jr., of Philadelphia. Turning over a little further in the volume, is an essay by Edward Parrish, of Philadelphia, "on the production and characteristics of aloin." Another interesting paper is on the "production of conium seeds in the United States," by Henry F. Fish, of Waterbury, Conn; on the "depreciation of Smyrna opium in medicinal value," by P. Wendover, Bedford, N. Y. Then, as we have already said, there are in addition to these papers, which have seemed to us to contain information and suggestions of interest to the medical profession proper, a large number of partial interest to us, and of great and special value to the practical pharmacist.

In connection with this volume of transactions, we find a brief report of medicinal and useful plants, imported by the Patent Office. Among these we note the *aloe socotrina*, *zingiber officinale*, *piper nigrum*, *scilla maritima*, with others of like interest. Under the direction of the department, these plants are being cultivated and multiplied for distribution amongst such as are interested in their cultivation. We cordially wish an abundant and continued success to the American Pharmaceutical Association.

---

### Editor's Table.

---

*A New-Year.*—We salute our readers, and extend to them the greetings of 1861, with sincere cordiality, and with the most pleasant feelings for them and all the world. We have no special address to present upon this occasion of inaugurating a new volume. We feel some degree of complacency, however, in calling attention to the appearance and character of this initial number. We have commenced with the expectation of making this the best and most attractive volume of this Journal ever issued. Our readers will note such change in the size of the page, and arrangement of type, as compared with previous years will increase the amount of reading matter in each number about *ten*

pages, or more than *one hundred pages* each year. We think the matter of this number at least creditable, and worth the subscription price for one year. We expect to give a finely illustrated article in our next number, which will be of great interest; and early in the year we shall insert the portrait of a distinguished physician. With such an earnest of our determination to spare neither labor, time, trouble nor expense upon the journal, may we not renew our appeal to our friends to exert unusual diligence in our behalf for a largely increased subscription list?

---

*A note to the Subscribers of the Cleveland Medical Gazette.*—The enlarged size of our page, which we found absolutely necessary to afford the amount of matter we wish to give monthly, as well as the greater convenience of having the volume date with the current year, has rendered it desirable to make volume two of the *Gazette* close with the year 1860, and commence a new volume—the third—with the present number. This will make no difference, in the pecuniary arrangements, with the subscribers. Those who have paid Dr. Weber for *one year, or twelve numbers*, are credited on his books up to July, 1861; they need not fear that any advantage will be taken of them as the result of this new arrangement; the credit is the same as to *time*, whether the year be divided in one volume or two. We think this is understood.

---

*Shaker's Tincture Veratrum Viride.*—Several months ago we received specimens of the tincture of veratrum viride, prepared by the Shaker Society, at Union Village, near Lebanon, Ohio. It was represented to be a saturated tincture, and fully equivalent to Norwood's tincture in its efficacy. We have delayed from month to month to take any notice of this preparation, until we might be able to speak of its merits with the certainty of personal experience. This we are now able to do, and from our observation of its power, we can report that in the same doses with Norwood's tincture, the same effects have been promptly produced. A number of our professional friends are using the Shaker tincture, and find it entirely satisfactory. We are very glad to find this article so reliable, for we have always prescribed Norwood's tincture with a degree of mental reservation, feeling that there was an objectional feature of quackery connected with it, that we could never entirely forget; besides, the difference on the score of economy in favor of the Shaker preparation is quite an item of importance, especially to the country practitioner.



*Transactions of the Ohio State Medical Society.*—The volume of proceedings for this year has reached us, and is gotten up in beautiful style. We had intended to notice it more fully this month, but have not the space; we will only say that the Publication Committee deserve the thanks of the Society for their taste and industry. We learn that the transactions, after being printed and ready for delivery, were detained for want of sufficient means in the Treasury to settle with the printer, and pay expenses and postage to the members entitled to their copies. We trust members in arrears will promptly forward their dues to Dr. J. B. Thompson, at Columbus.

---

*The American Medical Gazette.*—Poor Father Reese of the *Gazette* has lost his head. His LL.D. even won't save him. M. Briere de Boismont, at a late meeting of the Academy of Sciences, describes his case in the following language: "*When a person, naturally gentle and patient, has paroxysms of anger, or one who has always been religious and perfectly pure, becomes suddenly and unaccountably the reverse, we should not be deceived once in a hundred times in prognosticating a derangement of the encephalon, which will soon degenerate into a general paralysis.*"

Now, everybody knows Dr. Reese has always been "*religious and perfectly pure,*" "*gentle and patient.*" The last number of his journal displays the opposite traits; the results "*of derangement of the encephalon.*" We can not exactly make out the cause of this sad change. Whether our having called his attention, in our September number, to the supposed irregularity of the Long Island School, or his having swallowed Prof. O'Leary, *certificate*, letters and all, or, as has been supposed by some, it is owing to the fact of his keeping a dead cat in his desk, we are unable to say. Probably all these causes have been at work. He was so utterly undone that he was unequal to the task of getting off the usual amount of chaste editorial for our benefit, in his last issue, and was forced to call on his (*our*) friend Prof. O'Leary for assistance. His editorial, however, contained about as many truths as Prof. O'Leary's letter. The unhappy Professor writes like a man having a bad memory, and a still weaker judgment. Just here, we would suggest to Prof. O'Leary the propriety of writing one more letter. He has written one to us, and one to Dr. Reese, and now it becomes him to write his last one; the subject to be—to explain *what he did mean when he swore to having studied medicine three years with Drs. Blackman and Clendenin.* This subject needs to be ventilated a little more by the Professor. No doubt Dr. Reese will be

ready to assist him. Father Reese dies hard. Alas ! and alack, that we should so innocently have brought to the grave one so brave, so honest and so true : doubtless, his agony is aggravated by the tight hold he has taken of Prof. O'Leary. Can nothing be done ? "Is there no balm in Gilead ? Is there no physician there ?" If drugs prove impotent, aye, even if "wine, opium and anesthetics" fail, we press on Dr. Reese and Prof. O'Leary with a kind hand, and the firmest faith in its efficacy, the editorial in our last number, containing "*the certificate*" *sworn to before that New York Commissioner, Dr. Clendenin's letter, and Prof. O'Leary's letter to us.* If these will not save them, we say with sorrow and all forgiveness and charity for their sins of *omission and commission, Vale.*

---

*Hunter Memorial.* — *Dr. Russell's Circular.* — We give place to the subjoined communication of Dr. Russell with much pleasure, and bespeak for its object the prompt attention of medical men in Ohio, who revere the memory of John Hunter. In accordance with the request of Dr. Russell, we have proper blanks at this office, and will receive for him names and subscriptions to this fund. Friends interested in the movement, in Northern Ohio, who prefer, can remit for the "Hunter Memorial," to Prof. Weber, at Cleveland ; and in Southern Ohio, to either Drs. Stevens or Murphy, at Cincinnati, or directly to Dr. Russell, at Mount Vernon.

"By a vote of the American Medical Association, passed at its late meeting at New Haven, a committee of one, from each State represented, were chosen to fulfill the object of the following resolution : "Resolved, That it be recommended to the different States to collect subscriptions of not more than *one dollar* each from every regularly educated physician, to aid in the erection of a Monument, about to be placed in Westminster Abbey, to the memory of John Hunter. All moneys collected to be forwarded to the Chairman of the Committee hereby appointed." The subscriber was chosen for the State of Ohio, and to give the subject general publicity, has requested the editors of the different medical journals in this State to publish this notice. Each regularly educated physician of this State, who admires the towering genius and indefatigable labors of Mr. Hunter, is respectfully solicited to forward, by mail to me, *one dollar*, with his name and residence legibly written, with good ink, before the first of March, 1861. The autograph names of all donors will be arranged in a suitable volume, to be deposited in the Library of the Hunterian Museum in London. In order to carry out more fully the preceding resolution, the editors of medical journals, secretaries of county or local medical societies, and other medical gentlemen, in various parts of the State, who have been furnished with circulars, are authorized to receive the donation of *one dollar* from each subscriber, with autograph names, and transmit the same to me before

the first of March, 1861. It is to be hoped that the profession will maintain, by a general subscription to this worthy object, the elevated position the State of Ohio occupies in our confederacy. A correct list of donors will be found on the Secretary's table at the next annual meeting of the State Medical Society of Ohio.

MT. VERNON, O., Nov. 30, 1860.

JOHN W. RUSSELL."

---

*Another Death from Chloroform.*—Dr. Fano reports the history of a patient in the *Gazette Hebdomadaire*, of November 30, who died from chloroform. The patient had been suffering from incurvature of the toe-nail, and Dr. Fano put him under chloroform for the purpose of relieving the incurvation of the nail by that very painful operation, originated by Dupuytren. Everything was favorable for the inhalation: the patient was in the horizontal position, on a bed opposite a large open window. The charpie wet with the chloroform did not obstruct the mouth, being applied only to the nose. Dr. Lombard assisted in watching the pulse. The patient soon became insensible, when Dr. Fano proceeded with the operation. When he had torn out the nail the patient gave a groan, when Dr. F., looking at his face, found it pale, his pulse at the wrist extinguished, and no pulsation of the heart. Various means were used to resuscitate the patient, as dashing cold water in his face, washing his face with vinegar and water; artificial respiration was also practiced. After the lapse of some moments the patient made three or four respirations, without any return of the pulse, or any intelligence. All means were used, but without success. After some minutes the lips became violet, but this color was not present at the moment when attention was called to him by his groaning. "The autopsy was made by Dr. Tardieu, *who found old adhesions between the lungs and thoracic walls to a great extent, and a pulmonary apoplexy.*"

The editors of the *Gazette Hebdomadaire*, from which journal we have taken the main facts of this case, make the following remarks on it: "It appears evident to every one after reading this history, that our confrères took all the necessary precautions to ensure safety in the inhalation of the anesthetic: open windows, horizontal position, the chloroform administered in small successive quantities, incessant watching of the pulse, etc. Still further, when the dangerous results manifested themselves, they did what science and experience counsels, to avert the catastrophe. Their conscience may then rest calm in the face of an event so terrible."

Is it not about time that chloroform should be laid aside? Can any one pretend to lay down rules for its safe administration?



*The Tate and Richardson Controversy.*—Dr. Tate and his friends have expressed a strong feeling that he should be allowed a brief rejoinder to the article of Dr. Richardson in the last number of this journal. That we may not be chargeable with injustice or discourtesy, we have assented to the communication, which appears in this issue, from Prof. Tate, as a finality. We feel that an apology is due our readers for permitting so much space to be consumed with a matter of so little general interest, and conducted with so much intemperance of language. Passing through the office of friend Cobb, our worthy printer, we saw several cases filled with bright new type, glistening like so many heaps of diamonds, and upon learning that they were procured especially for printing this journal, we could not but feel that they *must not* be desecrated, this new year and new volume, with unworthy thoughts or words. Will our correspondents help us to give due respect to the new type? Sarcasm is a dangerous weapon; and, as a general thing, sarcasm and science make a bad mixture.

---

*Our Well Wishers*—Have our sincere thanks for their efforts in our behalf, as well as our appreciation of their kindly expressions. It is not often, however, that we obtrude these upon the public, but just at this time of the year it may not be amiss to give a paragraph from one or two of our private letters, representative of a frequent expression of good will and regard for our journal.

Dr. SHEETS, of Liberty, Indiana, says: "We are highly pleased with your journal out here. The variety, news, gossip, etc., are refreshing to a person buried in the country. Where there is attention paid to the medical intelligence of the day, and a good selection from other journals, one is not under the necessity of taking so many publications. Hope you will not forget your portrait department." [Of course, we will not, Doctor.]

Dr. CHARLTON, of Seymour, Ind., thinks "It is worth more, in proportion to its cost, than any journal published in the West, and I sincerely wish you success." That is, perhaps, enough for one time.

---

*A New Medical Journal.*—With the beginning of the year 1861, Prof. Edward Warren, formerly editor of the North Carolina *Medical Journal*, will issue a journal from his new home, Baltimore, to be known as the *Baltimore Medical and Surgical Journal*.

---

—Two new journals, to be devoted to mental medicine, make their appearance January 1st, at Paris. M. Baillarger will be the editor of one, and M. Delasiauve of the other.

—The Secretary of the Covington and Newport Medical Society has forwarded the following resolution, adopted at their meeting in December :

“ *Resolved*, That any member of this society, who shall aid or assist in any manner the election or promotion of any quack or irregular practitioner, to any office or appointment of a medical character, shall be deemed guilty of the violation of the rules of this society, and of the National Code of Medical Ethics, and for such an offence shall be deemed subject to a reprimand by this society, or expulsion, as said society shall decide by a regular vote by ballot, of all the members present.

HENRY MANFRED, Secretary.”

---

—The Eaton (Preble County, Ohio,) Medical Society elected the following officers, at a meeting held Tuesday, November 27 : Dr. P. M. Crume, President ; Dr. R. P. Nesbit, Vice President ; Dr. Jno, Pearl Haggott, Secretary and Librarian ; Dr. R. Moody, Treasurer ; Dr. P. T. Gans, Corresponding Secretary ; and Drs. Dunham, Crume and Lindsey, Censors.

---

—Malgaigne has brought out through the house of G. Baillière, Paris, the seventh edition of his *Operative Surgery*. The book has been re-written, and may be called quite a new work.

—We find advertised in the Paris medical journals the following work by M. Trousseau : *Clinique Médicale de l'Hôtel-Dieu de Paris* ; 824 pages. It is no doubt a valuable work.

—M. Thiercelin read a paper before the Academy of Sciences, Nov. 12, detailing the effects of woorara in the treatment of epilepsy. He reports two cases of several years' duration greatly benefited by its use.

—Andral, probably on account of bad health or the infirmities of age, has retired, at least for the present session of the School of Medicine, at Paris. His course on Pathology and General Therapeutics is given by M. Chauffard, *an agrégé*.

—A Sanitary Congress will shortly assemble at Lyons, France. It is to be composed of representatives from the chief cities of France, Greece, and the island of Malta ; as also the principal cities along the Mediterranean Sea are to be represented.

—At the meeting of the Surgical Society of Paris, October 10, Chassaignac exhibited a patient who produced and reduced at pleasure a luxation of the crystalline lens. The lens remained transparent. M. Larrey related a case which he had seen in his practice quite like this one, in which the crystalline lens did not become opaque until

three or four years after the luxation. We know also that the passage of the crystalline lens from one chamber to another takes place sometimes after the complete formation of capsulo-lenticular cataract, when the attachments of the capsule to the ciliary zone, which tends to relax in proportion as the opacity is formed, comes to be destroyed, completely.

—M. Barthez, physician to St. Eugénie Hospital, sent to the meeting of the Society of Surgery, of Nov. 30, an enormous ovarian tumor, taken from a child eleven years of age, who died in the hospital. It weighed nineteen pounds, and was composed of multilocular cysts, inclosed in a spongy tissue, flabby, and developed in its sides; It resembled those which we see very often in adults; they are very rare in children, and it is in this respect that this specimen presents a great interest.

---

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

---

### PRACTICAL MEDICINE.

1. *Mania a Potu*—Is, according to Prof. Warren Stone, properly the acute *delirium tremens*: the chronic form of delirium caused by the excessive use of stimulants, the violence of the delirium being, in the former instance, mainly due to alcoholic blood-poisoning, the tremor in the other more to the sudden privation of a long-accustomed stimulant. *Mania a potu*, often the cause of sudden death, under the names of brain-fever and apoplexy, is generally improperly treated. The free use of opium produces an unfavorable effect upon the nervous system, and tends to check the already diminished secretions. The two forms of the disease require, in treatment, corresponding modifications. The indications are, to establish the secretions, disgorge the system of the alcoholic poison, and to introduce proper nutriment. Calomel, in small doses, frequently repeated, until from fifteen to twenty grains are taken, should be followed in eight or ten hours by small and repeated doses of saline medicine. After the stomach and bowels are thus disgorged, milk is universally applicable as a nutriment; the addition of lime-water renders it particularly grateful and soothing to the irritated stomach. In all acute cases, alcoholic stimulants should be withheld, and opium, in all forms, prohibited. Where the latter is indicated, which is never the case before the system is thoroughly relieved of the alcohol, equal parts of morphia and tartrate of antimony, given in small and repeated doses, will soon calm the nervous system and induce sleep, without injury to brain or stomach.—*New Orleans Med. and Surg. Journal*.

Dr. L. P. Gebhard considers delirium tremens as a form of gas-



tritis, only distinguished "by the peculiar nature of its cause." He therefore recommends the application of bloody cups over the whole region of the stomach, with the internal use of opiates. Camphor and opium may be given in conjunction, until sleep is induced; or, better, a mixture of sulphate of morphia, extract of hyoseyamus, and extract of valerian, which has proved of decided advantage. Neither alcohol nor fermented drinks are required.—*Med. and Surg. Reporter.*

The jail-physician of Chicago has found ipecacuanha remarkably successful in delirium tremens. Where a case is not of too long standing, he gives it first as an emetic, and afterwards from fifteen to eighteen grains every other day. Shower-baths and strong beef-tea are used besides, but no alcoholic stimulants.—*Journ. of Mat. Med.*

In the Savannah Hospital very satisfactory results have been obtained with the extract of Indian hemp, six or eight grains every two or three hours. The tincture is preferable to the extract; a teaspoonful of it taken every two hours, induces sleep rapidly.—*Savannah Journal of Medicine.*

Dr. D. L. Gloninger, of Philadelphia, says: "Nothing will answer every indication as well as lupulin. It may be given *ad libitum* without danger; a tablespoonful, if you please, every hour, until sleep is produced. As much as six pounds of the tincture, made with pure brandy, have been given, before the narcotic effect followed."—*Med. and Surg. Reporter.*

The fluid extract of lady's slipper has been used by Dr. Simms, of Wilmington, Del., with entire success; a tablespoonful every hour, until sleep is produced, which is generally in twelve hours. The remedy is afterward continued in smaller doses until the patient gets well.—*Journal of Materia Medica.*

2. *Treatment of Chorea.*—Dr. Stone, medical registrar of St. Thomas Hospital, has based the following conclusions upon fifty cases of chorea there treated during the year 1858: of sixteen cases treated with sulphate of zinc, thirteen went out cured, three relieved; but two of the latter were in a fair way of recovery, which may be set to the credit of the medicament. On the other hand, three of those ultimately cured owed their improvement partly to ferruginous preparations. In one case the zinc had no effect whatever. The longest stay in the hospital among these sixteen cases was 123 days; shortest, 14; the average, 44.6 days.

Fourteen cases were treated during the same period with preparations of iron; all were cured. Longest time, 161 days; shortest, 6; average, 44.2 days.

Liquor potassæ arsenitis was employed in twenty cases; eighteen cured, one relieved, one died. Longest stay, 55 days; shortest, 6; average, 26.3 days.

It remains a question whether the discrepancy between these results and those of some previous well-conducted observations is due to mere accident, or to some real difference in type between cases originating at different times and under dissimilar circumstances.—*Med. Times and Gazette.*

Dr. S. N. Pierce, of Cedar Falls, Iowa, has reported, in a former number of the *Boston Med. and Surg. Journal*, a case of chorea in a strong and plethoric girl of fifteen years, who was first treated with nitrate of silver and sulphate of zinc, without benefit. The addition of extract of stramonium seemed to control the disease somewhat, but soon that agent lost all its influence, even in increased doses. Then the following pills were ordered, and conquered the convulsions: extracts of stramonium and hemlock, of each fifteen grains; strychnia, two grains; nitrate of silver, two scruples. Divide into thirty pills, three of which are to be taken during the day. The amount of strychnia and nitrate of silver was gradually increased.

3. *Treatment of Epilepsy*.—Dr. Fabre reports seven cases of confirmed and well-marked epilepsy, in which pills of the hydrocyanate of iron have effected cures. He alludes also to numerous cases in which the same substance has been successfully employed by Dr. Roux, of Brignolles, and adduces the testimony of others in support of the advantageous effect of this preparation, which has been employed since 1829 in chorea and other neuroses complicated with chlorosis.—*Revue de Malgaigne; Journ. Mat. Med.*

Dr. G. S. Bailey, a retired physician of Iowa, states in a letter to the editors of the last-named journal, that his only son, after having been treated six years for epilepsy with every remedy that medical skill could suggest, without success, was finally cured with the hydrocyanate of iron, by Prof. D. L. McGugin, of Keokuk. The formula employed corresponds with the one used by Dr. Treat (*Cin. Lancet and Observer, June, 1860, p. 383*): hydrocyanate of iron, one drachm; powder of valerian, two drachms; extract of Indian hemp, one drachm being originally added by McGugin. Make into one hundred and twenty pills. One of them is to be taken three times a day, gradually increased to four.

Dr. Max Maresk, physician of an establishment for the insane at Vienna, submitted some epileptic patients to the influence of atropine. Out of eight cases taken from the female department, three were completely cured, and the condition of the five others notably ameliorated. Ten other patients, four men and six women, were selected from the department of the incurable insane, for the same experiment. Eight of these experienced a marked diminution in the violence and frequency of their epileptic attacks, as well as in the acerbation of their physical trouble. One-fiftieth of a grain of atropine gave rise, in every case, to the phenomena habitually following the administration of this agent; the patients became habituated to them, although they never ceased during the entire treatment. In every case the pulse lost eight or twelve pulsations during the first hour after taking the remedy, but resumed its normal frequency so soon as the other phenomena manifested themselves. The atropine was administered in a solution of one grain in five hundred drops of rectified alcohol; five or ten drops of this constituting a dose, which is administered once daily, in the morning before breakfast. Coffee, tea and chocolate interfere with the action of the atropine. It is continued for sixty or ninety days, and

then resumed after an interval of from thirty to forty-five days. It favors and augments menstruation, and but rarely gives rise to constipation, more frequently to diarrhœa, necessitating, when severe, suspension of its administration for some days.—*L'Union Méd. ; N. O. Med. and Surg. Journ.*

*Selinum palustre*, in powder, effected a complete cure in the hands of Dr. Th. Herpin, in four cases of idiopathic, and partly of inherited epilepsy. He administered from one to four ounces during the week, divided in twenty-four doses, of which three or four were taken daily. According to Dr. Tagod (*Boucharde's Annuaire de Thérap.*) the root and herb of *peucedanum austriacum* are still more efficacious. He gave two grammes of the powder three times daily.—*North Amer. Med.-Chir. Rev., from Bull. de Thérap.*

Mr. E. Baines reports a case with the powdered water-plantain, *alisma plantago*, four grains twice daily, increased a grain every third day. But the root must be collected at the end of August. This deserves a more extensive trial.—*London Lancet.*

---

## SURGICAL.

4. *Observations on Syphilis.*—In an essay read before the Rutherford County Medical Society, May 3, 1860, Dr. L. M. Wasson, of Murfreesboro', Tenn., attempted to prove syphilis to be the parent of scrofula (*Nashville Journ. of Med. and Surg.*) But this assertion, although admitted in part by others, is loosely based upon the impaired vitality, prostration, and cachectic condition of the system, induced by syphilis, and resulting in the "lymphatic temperament, which is the temperament of scrofula." The system is thought to become inclined to the scrofulous diathesis, because every fibre of the economy can not but be affected by blood "vitiating with ingredients so incompatible with every tissue of the body," as the venereal virus. Supposing that to be true, as far as it goes, it does not follow as an undeniable fact, "that syphilis does produce, in every particular, the scrofula diathesis," nor that it is "a most powerful and frequent cause of scrofula."

In order to corroborate the assertion of Dr. Cullerier, that hereditary syphilis is always due to maternal influence, (*Mémoires de la Société de Chirurgie*, tom. iv., p. 230,) Dr. Notta has published a memoir containing a number of observations, which go to show, that the issue will be free from the disease when at the time of conception the mother was free from it, notwithstanding the father may have been affected either at the time or previously, but that syphilitic children will be the result where the mothers have been subjected to the influence of the virus previous to conception, while the father was then suffering, or had passed through the disease. In registering these facts, we are not prepared to admit the conclusions drawn from them, preferring to wait for the result of a more ample experience.—*Arch. Gén. de Médéc.*

Prof. Sigmund, of Vienna, finds the proto-iodide of mercury only applicable to the papular and pustular forms of syphilis, and even



there it is slower in effect than other mercurial preparations. Its reputed peculiarity of not inducing salivation is groundless; even when combined with opium, it gives rise to diarrhœa, and in obstinate forms of the disease it is of little or no use, while in anemia it is positively injurious. It by no means deserves the preference given to it in the treatment of children, and admits only of further trial in some obstinate forms, combined with iodide of potassium, but not in subjects disposed to catarrh of the lungs, stomach or intestines.—*Wien Wochenschr.; Med. Times and Gaz.*

Prof. Hebra has given, in one of the late meetings of the Medical Society of Vienna, his experience since 1858 of the treatment of syphilis by syphilization. Taking the matter from a simple soft chancre, he continues the inoculation as long as pustules are formed, or until all the syphilitic symptoms have entirely disappeared. Patients upon whom no more pustules are produced, even by repeated inoculations from different chancres, are pronounced "immune." The inoculations were made three times a week, commencing with four punctures in the side or upper arm and then in the thighs. The aggregate number of punctures reached from 7 to 604. The earliest immunity ceased after the nineteenth inoculation, or the forty-second day, with seventy-six punctures; the latest by 219 punctures after 150 days. The patients, with the exception of two, received no medicine, not even a warm bath, but were allowed nutritious food and walking at pleasure. The artificial pustules were covered with a piece of oiled linen; frequently it took from three to six weeks to heal them up. A few patients in whom inoculation had not been pushed to immunity, were attacked again with syphilis. Out of twenty-four (three with primary chancres, nineteen with secondary syphilis, two with non-syphilitic lupus serpiginosus) fourteen had been dismissed, the rest remaining under treatment. The application of mercurial ointment in two cases did not influence the development and course of the artificial pustules. All patients made perfectly immune are permanently cured. They feel perfectly well during the inoculation, improve in appearance and gain in weight; by and by all syphilitic symptoms disappear. Parallel experiments, however, prove the decided superiority of mercurial treatment.—*Wien Wochenschr.; Oglethorpe Med. and Surg. Journ.*

Against syphilitic chaps and fissures of the toes an ointment containing litharge, white precipitate and a few drops of laudanum, has been used with marked success in many of the hospitals of Germany. The same ointment is recommended for the serpiginous and phagedenic ulcers which occasionally supervene upon vaccination in children of a scrofulous or syphilitic constitution. The process of cicatrization is practiced by bathing the sores with a decoction of hemlock and marsh-mallows.—*Med.-Chir. Review.*

5. *Exfoliation of the whole upper portion of the Skull in consequence of a severe Burn*, has been observed by Dr. J. Philipot. An Irish woman, falling, during a fit, into an open wood-fire, had her neck, face and scalp severely burnt, the upper two-thirds of the frontal and parietal bones being denuded and charred by the flames. A severe shock to the

nervous system was the result, but readily yielded to treatment, and under the use of a slightly stimulating lotion a large slough was thrown off in the course of several weeks, leaving the exposed bones surrounded by granulating margins. Nearly ten months after the accident, while applying the lotion, the patient felt the bone move, and succeeded, by using a little force, in removing the top of her head. The bone measured five inches and three-fourths in its longitudinal diameter, and four inches and a half transversely. Its internal table had almost entirely disappeared. The whole superior surface of the brain was exposed, but covered by its membranes, resembling a large, fleshy, pulsating tumor. At the time of reporting the case, nearly two years and a half after the accident, the patient seemed to suffer but little inconvenience from the loss.—*North Amer. Med.-Chir. Rev.*, from *Brit.-Amer. Journ.*

6. *Cherry-Laurel Water in Burns*.—In three cases of burns of the second, third and fourth degree of Dupuytren, Dr. Franchino, (*Gaz. Medi. Ital., Stati Sardi.*, No. 37) applied compresses soaked in a mixture of eight parts of distilled cherry-laurel water to one hundred parts of a solution of gum arabic, the burnt surface having been previously cleaned and the phlyctenæ opened. This application effected a cure with great promptness. In order to renew the dressing, the compresses must be softened, before their removal, by covering them with other compresses soaked in water.—*Gaz. Heb.; North Amer. Med.-Chir. Review*.

It would be more convenient to substitute glycerine for the solution of gum arabic in this application, or perhaps just as well to paint the surface over with the cherry-laurel water, and then cover the same with a coat of collodion.

7. *Soot in Cancer*.—According to Dr. Debreyne (*Revue Médic.*) soot, in the form of ointment (lard, or glycerine, and soot, of each sixty parts, extract of belladonna, eight parts) or lotion, is the best and most efficacious local application to open cancer. The internal use of the same agent, in tincture or extract (!), is also suggested.—*Amer. Druggist's Circ.*

8. *Syncope following Traumatic Hæmorrhage*.—Ought to be treated, according to Dr. Debout (*Bull. Gén. de Thérap.*, Feb., 1860), by putting the patient upon his back and lessening the extent of the circulation by abdominal pressure. To the physical action of this means should be added the stimulation of the heated steel knob, rapidly carried over various parts of the cutaneous surface, and assisted by enemata of wine. This syncope is so perilous that all these measures combined will never be too powerful. Transfusion of blood affords but short relief in such cases.—*London Lancet*.

9. *Electric Light for Surgical Operations*.—An apparatus for this purpose has been exhibited to the Society of Arts in Edinburgh. It consists of a small glass tube doubled upon itself and filled with carbonic acid, hydrogen, nitrogen or other gas, according to the quality of light required. Into each end of the tube is introduced a wire from

the poles of a coil machine, and when the current of electricity is established, the tube is lighted up without heat being evolved. This instrument is capable of a great number of modifications, and can be adapted to almost any region.—*Ohio Med. and Surg. Journal*.

10. *Local Employment of Chloroform in Dislocations*.—Dr. Orlica, a French physician, accomplished in two cases of recent dislocation of the shoulder a rapid and painless reduction, by surrounding the joint with compresses imbibed with chloroform two or three minutes prior to and during the attempt at reduction. In this way, he observes, assistants may be dispensed with and pain prevented, without any danger being incurred.—*Kansas City Med. and Surg. Review*, from *Moniteur des Sciences Médic.*

#### OBSTETRICAL.

11. *The Different Methods of Craniotomy*.—Having examined the different methods of craniotomy, Prof. Braun (*Wien Ztschr.*, N. F. II., 3, 1859,) has arrived at the following conclusions:

The method of Levret and Smollie, who perforate with a scissor-like instrument and extract the head by means of a sharp or half-blunted hook, is at present only practiced by Austrian country-physicians. . . . Boer's method consists in perforation with scissors, exfoliation and extraction with the excerebrating pliers. Mostly followed in England. Both these methods are objectionable because injuries are easily inflicted and sometimes turning is necessary after perforation.

The best scissor-shaped perforator is that of Nægele; the best bone-breaker, Chiari's modified forceps. Van Huevel constructed the best instrument for excerebration. Didot's "diatripteur" is inapplicable.

The method of Baudeloque is the crushing of the head, cephalotripsy. His apparatus was too massive, and all the modified instruments of Busch, Schöeller, Kilian and others, are very unreliable for the purpose of extraction.

Craniotomy by means of a straight trepan (an invention of Joerg), followed by the application of a cephalotribe moderately curved, as practised by Kiwish, appears to be a more appropriate method.

Van Huevel's "forceps-scie" and Ritgen's "labitom" have not become popular to any extent with the profession. More practical value is ascribed to Cohen's "perforating cephalotribe" (first described in the *Monats-schrift für Geburtskunde*, Aug., 1857, where it was claimed that this instrument could be used as a substitute for all others, in difficult obstetric cases,—perforation, embryotomy, exarticulation and extraction of any part of the foetus being performable by it, without the least danger to the woman or the operator.) It makes a large opening in the skull, does not slip, can be applied in every presentation, and excludes any injury to the rectum or bladder; but it is rather too heavy, too long, and has an improper juncture. Experiments on dead bodies show that it can not be employed for decapitation or embryuleia. The two knives of it do not cut uniformly. With some alterations, it may become useful.



12. *Remarks on Placenta Prævia.*—According to statistical compilations from the journal of the Clinical Hospital, at Breslau, made by Dr. Von Gliszczynski, (*Med. Centr. Ztg.*; *Schmidt's Jahrb.*, 102, 5,) placenta prævia occurs not quite as frequently as stated by others, only ninety cases having been there observed in 10,440 deliveries. The first indication is furnished by hæmorrhage, during the latter third of pregnancy; sometimes as early as the fourth or fifth month. A certain diagnosis is not possible until the placenta itself can be felt. The fact that this abnormality occurs almost exclusively in *multiparis* leads to the hypothesis of defective reorganization of the womb, either from several pregnancies following each other in too short a time, or from inflammatory and other morbid conditions of the same. Internal remedies are usually insufficient; hastening the delivery or plugging the vagina are the only reliable things affording relief. Ice-water in an india-rubber ball (the *colpeurynter*) is the best material for plugging. When danger is threatening to the mother's life, recourse ought to be had without delay to the *accouchement forcé*.

13. *Treatment of Uterine Hæmorrhage.*—Dr. Cl. Ollivier thinks (*Gaz. des Hôp.*, 12, 1859; *Schmidt's Jahrb.*, 102, 5, 1859,) plugging of the vagina not a very rational way of treating uterine hæmorrhage; the efficient cause ought to be removed. The hæmorrhage is either of a passive or active character—the former being puerperal, scorbutic or connected with polypi; the other resulting from inflammation, ulcers or fungosities.

Puerperal hæmorrhage appears from placenta prævia, from debility of the uterine walls and coagulated blood in the cavity after delivery; from the placenta remaining in the uterus, or from the fœtus remaining there during abortus. Removing the cause constitutes the only proper treatment; any excessive flooding may be with certainty controlled, by injections of *ferrum muriaticum oxydatum*. The same treatment will subdue other passive uterine hæmorrhages; plugs would, if polypi should be present, cause metritis and even pyæmia.

Where the hæmorrhage is caused by metritis, it always admits therapeutic treatment, and to avert any *periculum in mora*, cold injections and the muriate of iron are preferable to plugging.

Ulcerations and fungosities call for the production of powerful uterine contractions. Ergotin is an excellent medicine for that purpose.

Vaginitis may also be treated with injections containing muriated iron, these being less painful than cauterization, and more efficient than plugging. In very acute cases amydon can be used for plugging, preceding the injections.

---

#### MATERIA MEDICA.

14. *Chloride of Zinc.*—Drs. Salmon and Maunoury, surgeons to the Hôtel-Dieu, at Chartres, deduct from a number of careful experiments the following conclusions in reference to the action of this agent on living and dead tissues. Chloride of zinc produces cauterization very slowly in comparison with caustic potassa; it does not dissolve

tissues, but renders them harder and more coriaceous. When action at a greater depth is desired, it is necessary to remove the eschar already produced, by caustic potassa, or to cut off the same by the bistoury, or to await its spontaneous removal, which requires from six to eight days. The chloride of zinc does not spread when applied to moist or fungous tissues, to a wound, etc., nor on tissue, the successive layers of which are all of the same ready penetrability. But if under a tissue easily destroyed, an aponeurotic expansion, muscular tissue, etc., be found, the caustic scarcely penetrates these, spreading through the tissue on which it has been applied, until it doubles or triples the size of the required eschar. The chloride destroys cellular tissue more readily than cutaneous, the latter more readily than fibrous or muscular tissue, etc. It attacks morbid tissues, such as cancerous growths, with the same facility that it penetrates fungous tissues. If the morbid mass be enveloped with a fibrous covering, the zinc caustic can isolate this mass; but this does not imply the rapidity of its penetration in the morbid tissue when deprived of its envelope. It coagulates the blood even in large vessels, but does not prevent hæmorrhages from following its employment, even when the arteries are only of medium size. Eschars formed by it are soluble in potassa, and of this property advantage may be taken for the purpose of hastening cicatrization.—*Amer. Med. Monthly, from Gaz. Médic. de Paris.*

The chloride of zinc can be prepared by well mixing together, in a retort, and heating, like equivalents of sulphate of zinc and chloride of calcium. After all the water has been driven out, the chloride of zinc begins to distil over, and will be perfectly white except by presence of iron, when it is brown.—*Annalen der Chemie u. Pharm.*, vol. 112, p. 126; *Druggist*, April.

Another method of preparing this chloride is given by Dr. G. W. Spence (*London Lancet*). Dissolve fifty grains of prepared chalk in two drachms (by measure) of commercial muriatic acid. Dissolve, also, one hundred and fifty grains of sulphate of zinc in two fluid drachms of boiling water. When required for use, mix the two solutions, and the result will be a paste, weighing nearly an ounce, and containing about one-sixth of pure chloride of zinc.—*North Amer. Med.-Chir. Review.*

15. *Valerianate of Strychnia*—Is prepared, according to Dr. R. Wyson ( *Med. Jour. of North Carolina* ) by dissolving three grains of the sulphate of strychnia in one ounce of valerianic acid. Having used this preparation some ten months, he finds it more particularly adapted to cases of great debility with nervous excitability, loss of appetite, indigestion, constipation, depression of spirits and other symptoms consequent upon the want of tone in the nervous system.—*Amer. Med. Monthly.*

16. *Veratrum Viride*—Was found greatly beneficial in chorea by Drs. P. de Lacy Baker and Terry, of Eufaula, Ala. In four cases, detailed in the *Southern Med. and Surg. Journ.*, the remedy afforded immediate and permanent relief, inducing peaceful and profound sleep, after all other therapeutical means (tonics, antispasmodics, anodynes,

cupping, blisters, chloroform, etc.,) had been exhibited in vain. The dose administered varied from three to six drops of the tincture, according to age.—*Ranking's Abstr.*, Jan.

Combined with chlorine, the veratrum is considered by Dr. E. D. Fenner, of New Orleans, the "remedy for yellow fever." In a letter to Dr. Brickell (*South. Med. Journ.*) he details the treatment by him adopted. At the commencement of an attack: Order a hot mustard foot-bath; evacuate the bowels with a mild cathartic (castor-oil, citrate of magnesia, Seidlitz powder). If necessary, give a gentle emetic of ipecac, or salt and mustard. In moderate febrile excitement the veratrum will hardly be called for; but if the fever be high, give now five drops in water every four hours, alternately with a chlorine mixture, until the pulse is brought down to seventy. In moderate fever, the chlorine alone may be relied on, given more frequently one or two tablespoonfuls at a time. These doses are for adults. Children, even sucking infants, bear the chlorine well, but the veratrum should be very cautiously given to them. Quinia may prove a valuable adjunct to these remedies. The chlorine mixture referred to is prepared as follows: Mix hydrochloric acid and distilled water, two ounces of each, and add two drachms of the chlorate of potassa. For use, prescribe two drachms of this mixture in one pint of distilled water. Dose as before stated.—*Journ. Mat. Med.*

In an article copied into the *Nashv. Journ. of Med. and Surg.*, from the *Med Journ. of North Amer.*, a physician gives his experience with the veratrum, as observed in his own child, a girl of two years. She was attacked with chills and high fever, for which, after several other remedies had been tried, Norwood's tincture was administered, three, five, six, seven drops every three hours, with syrup of squilla. The fever declined, but soon nausea, vomiting, and other symptoms of poisoning appeared, which could be barely controlled by morphia and essence of ginger. The fever returning in about six hours, five drops more of the tincture were given, but the same symptoms followed, so that it was deemed necessary to stimulate the system in the most vigorous manner and to keep the patient completely under the effects of morphine.

In regard to the propriety of administering the tincture of veratrum viride to children under two years, Dr. E. F. Oliveros, of Glasgow, Ga., approves of the practice. To him it proved the most certain remedy he had ever tried in controlling the excited circulation, but he adds: "it should be given with discretion and much discriminating judgment," for "it is a powerful remedy, and should be used by those only who are fully informed as to its effects." Whenever the pulse of an infant ranges from 150-160 beats in the minute and does not lessen in frequency upon the administration of the veratrum, but the patient grows pale, with flabby muscles, and with a profuse perspiration—it is then the time to give some stimulant, such as brandy, or syrup of ginger, in small doses, at intervals of from three to five minutes. With this precaution, the veratrum may be relied on in inflammatory affections of children, especially pneumonia.—*Oglethorpe Med. and Surg. Journ.*



17. *Veratria*.—In pills containing five millegrammes (off. gr. troy) with the same quantity of opium, for a dose, every four, three or two hours, was given by Dr. Ghiglia in certain cases of pneumonia, bronchitis and broncho-pneumonia, with sometimes remarkable, but occasionally unfavorable results. The tolerance for this substance varies much; the depression following its use is in direct proportion with the tolerance. The action of the medicine is in proportion to the duration of the affection. After all, veratria appears to be preferable in many respects to other medicines which are more constant in their action but less easy to take. It is perhaps prudent, in severe inflammations, to order a few bleedings previous to the use of the veratria.—*Brit. and For. Med.-Chir. Rev., from Bull.-Gén. der Thérap.*

---

### Publications Received.

From the publishers, Messrs. Wood, of New York: *Congenital Malformation of the Rectum and Anus*. By Wm. Bodenhamer.

Messrs. Lindsay & Blackiston, of Philadelphia, have re-published a neat and convenient little manual, called the *Pocket Anatomist*, by M. W. Hills, of the Westminster Hospital School.

*An Introductory Lecture*. Delivered in the Medical College of Ohio: session of 1860-61. By Prof. M. B. Wright, M.D.

*The New York Dental Journal*. Edited by Frank H. Norton. October, 1860.

*The Opal*—conducted by the inmates of the Utica, New York, Insane Asylum—ceases to exist with the number for November, 1860; this is the tenth year of publication.

*The True Physician*. An Anniversary Discourse, delivered before the New York Academy of Medicine, Nov. 7th, 1860. By Jno. Watson, M.D., President of the Academy. We have only found time to look over this address in a cursory manner, but find it filled with noble thoughts, clothed in the chaste style peculiar to its author.

*Godey's Lady's Book*. This magazine for the ladies continues to move along in the even tenor of its way,—making hosts of friends among those for whom it is more especially intended. Its engravings are very fine, its designs for cottage and private residences are unusually good, while its nick-nackeries for the ladies are inimitable. What commends it, however, to the favor of medical men and their families, is the very excellent papers on health, nursing, diet, children, air, exercise, etc., etc, from the pen of Dr. Stainback Wilson, of Georgia. We have heretofore noticed this feature of Godey, and repeat it with commendation. Price, \$3 per year to single subscribers, with favorable terms to clubs. We send the *Lancet and Observer* and *Godey* for 1861 for \$5.

—Cassell, Petter & Galpin, of 37 Park Row, New York, are publishing beautiful illustrated editions of the Holy Bible, History of England, and Natural History. They are severally issued in handsome semi-monthly parts, at 15 cts each. The parts of the publications thus far issued have been laid on our table, and we must express our great degree of pleasure in their examination; this is all we have space to say at present. Address Cassell, Petter & Galpin, as above.

# THE CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

FEBRUARY, 1861.

No. 2.

---

## Original Communications.

---

### ARTICLE I.

#### Inflammation of the Uterus and its Appendages in Puerperal Women.

---

BY DR. J. E. THOMPSON, OF LYNCHBURG, ILLINOIS.

---

IN reviewing the writings of various authors who have, from the time of Hippocrates to the present, written upon what is termed *child-bed fevers*, one thing is very notable, to wit. : the many conflicting opinions and hypotheses upon the pathology of diseases of the uterus and appendages incident to lying-in women,—one class of writers regarding it as depending upon milk metastasis ; a second, that it is a specific *fever*, peculiar to lying-in women ; a third, that it is erysipelatous in its nature ; a fourth, that it is a local affection, depending upon some local injury done to the uterine system during the act of parturition ; a fifth, that it is specifically a *blood disease*, depending upon some morbid poison in the circulating mass ; and a sixth, that it is a phlegmasia-endangial inflammation, both localized and constitutional, while in one case the former is primary, and in another the latter. In pregnancy the blood is found to be sizey, especially towards the close of gestation ; the gravid uterus being of necessity full of blood, the woman is often found to have a labored circulation, becoming plethoric and hyperinotic, or at other times hydræmical. Or, as Prof. Meigs has it, “The force of her hæmatisis is exaggerated or exhausted, as the case may be. The direct fault, the pathological fault, is to be traced to a state of the endangium, which is her *blood-making* tissue, her *blood-membrane*, and which has the same relation to the function of hæmatisis as the gastro-enteric mucous membrane has to the process of her digestions.” Childbed fever, if a fever at all,

is a highly inflammatory one, lacking the one essential element of true idiopathic fever — *i. e.*, diminution and destruction of the fibrin, with a fluid broken down, loose, scanty and humid, deliquescent coagula, reddened by the imbibition of pigment-holding plasma; while the reverse condition is present in the blood of puerperal diseases,—*i. e.*, increase of fibrin and plastic material. Whether or not the blood is primarily affected by some poison introduced into the circulating mass is a question of controversy. Prof. Meigs, however, regards the blood affection as secondary, and in most fatal cases the disease is nothing more or less than instances of endangitis, in which the endangium of the uterine, crural and even the vena cavae are the seats of a destructive inflammation, which is dangerous and noxious to the circulating mass, to be driven within the vessels of such a dangerously diseased structure.

What is commonly called *childbed fever* is composed of a group of diverse inflammations within the abdominal viscerae of pregnant or recently delivered females. It may be metritis, with or without putrescentia uteri; metro-phlebitis, with or without putrescentia uteri, or uncomplicated phlebitis; peritonitis with ovaritis, or simple peritonitis, expanding its area or areas so as to comprise within them many or all the abdominal viscera, which becomes superficially or more deeply inflamed; or we may have all the above affections combined in one individual case: thus, we may have metro-peritonitis with phlebotic inflammation or ovaritis. But whether we may have peritonitis without more or less metritic inflammation is a question of doubt with me; for it would seem that the uterus or its appendages are generally the first to suffer, the morbid action spreading by contiguity or continuity to the general surface of the peritoneum; consequently it usually co-exists with inflammatory affections of one or more of the textures or organs belonging to the uterine system.

Childbed fevers prevail both epidemically and sporadically. Epidemic disorders of the viscerae within the abdomen of puerperal women are supposed to depend more or less upon a vitiated state of the blood, or a preëxisting pathological nidus of a destructive nature, which gives to the disease its fearful and speedy fatality.

An epidemic of childbed fever passed under my observation in central Arkansas, in the counties of Johnson and Franklin,\* commencing in September, 1858, and continuing more or less until March, 1859, which was preceded and followed by more or less sporadic cases, marked by a degree of malignancy unprecedented in that country.

---

\*At which place I was then engaged in practice.



Many cases died in two or three days. None so speedily fatal, however, came under my own immediate observation. In one neighborhood nine women died in the space of four weeks, only six recovering. However, many cases of great interest fell to my share, the history of a few of which I shall give, with some practical observations upon their peculiarities, treatment, etc.

CASE I.—Puerperal peritonitis after premature delivery brought about by a large dose of calomel.

Mrs. S., æt. twenty-five, lymphatic temperament, mother of three children, had a premature delivery at seven months, supposed to have been brought on by a dose of calomel (twenty grains), given her for supposed torpidity of the liver, on the 20th of March, 1858. On the morning of the 21st, had a light chill, followed by severe pain in the abdomen, which soon became enormously swollen and tender on pressure. Pulse 130, and hard; respiration hurried and painful; skin hot and dry; face flushed, and headache; tongue milky, flat, with edges a little red; lochial discharge suppressed; bowels constipated; great thirst; decubitus dorsal; very restless, and can not sleep; cervix uteri and vaginal canal hot and painful to the touch. (She supposes she lost some thirty or forty ounces of blood in the miscarriage.) Thirteen hours after attack, took twenty-six ounces of blood from a large orifice, followed by three grains of opium, hot fomentations to abdomen, with equal parts of warm milk and water thrown into the vagina. . . Evening of the 22nd — Pulse 100, soft; skin moist, and not so much thirst; abdomen not so swollen, nor painful; slept well last night; some lochial discharge of a dark character. To have a dose of castor-oil, and when two stools are produced, to be followed by two grains of opium. To have two grains of opium at bedtime, and one ounce of infusion of bark three times a day for five days. Opium to be stopped in three days. . . She rapidly recovered.

This case is interesting from the fact that it is not perhaps a common thing for women to have childbed fever after an abortion or premature delivery. Whether or not this premature confinement was produced by the drastic effects of the calomel is perhaps difficult to say, as she had aborted twice before—once at four months, and once at seven months. However, in this case the drug produced violent purging, the expulsion of the child following immediately. The child only lived some ten hours, and died asphyxiated. One important lesson we may learn, to wit., that physicians should be very guarded about administering drastic purgatives to pregnant women,—especially to those who are predisposed to abortions or premature deliveries. We

should not only be cautious in giving drastic drugs before delivery, but also afterwards, as the irritation produced in the intestinal canal may, by continuity, affect the uterine system, and thus bring on a fatal puerperal inflammation.

CASE II.—Puerperal peritonitis in a woman who had had intermittent fever, quartan type, for six months previous to delivery.

Mrs. M., æt. nineteen, primipara, was safely delivered on the 24th of September, 1859. Twenty-four hours before delivery, Mrs. M. had an ague; and on the 26th, forty-eight hours after delivery, she had another light ague, followed by nothing unusual. On the 29th, she had a very severe chill. Saw her twelve hours after the occurrence of the chill; found her with high febrile excitement, very restless; pulse 138, and hard; face flushed, and respiration hurried; tongue a little milky and flat; very thirsty, and complains of being very “hot inside”; abdomen considerably swollen and tympanitic, and tender on touch—can not take a deep inspiration without causing pain in abdomen; lochial discharge checked partially; bowels constipated; no milk in breasts. Twelve hours after last chill, took eighteen ounces of blood; was compelled to desist from fainting; closed the orifice, and let her rest for some ten minutes, and opened it again, and took ten ounces more; followed by ten grains of calomel and two grains of opium, to be followed in eight hours by castor-oil; hot fomentations to abdomen, with warm water and milk thrown into the vagina. . . . 30th—Pulse 108, and softer; respiration normal; skin moist; had four stools, of a dark greenish character, from oil; abdomen soft and not so painful; slight discharges from vagina of a dark, stinking nature; slept well last night. Fomentations to abdomen continued, with two grains of opium at bedtime. . . 31st—Pulse 76; she rests quite comfortably, and has some appetite. To have two grains of sulph. quinia twice a day for four days. . . She recovered rapidly.

CASE III.—Puerperal peritonitis in a woman who had had intermittent fever, quartan type, for six weeks previous to confinement.

Mrs. S., æt. thirty-three, mother of seven children, was delivered by a “midwife” on the 5th of February, 1859. Mrs. S. had an ague ten hours before confinement, the fever of which did not last so long as those previous. On the next regular day for the return of the ague (seventy-two hours), the chill recurred, followed by high fever, pain in the head, back and abdomen, the latter of which began to appear tumid. The fever lasted some twenty-four hours, before an intermission took place. All this time the “old midwife” was in attendance, employing her utmost skill. On the next chill day, the ague returned

with redoubled force, followed by high febrile excitement. The pain in the abdomen now became very severe, and it was soon enormously distended. At this period I was sent for ; but, owing to pressing professional engagements, did not see her till forty hours after last chill. I found her exceedingly restless ; had not slept for three nights ; pulse 160, small and hard ; respiration fifty, and sighing ; tongue covered with a white fur in the centre, with edges a little red and flat ; abdomen enormously distended and tympanitic, so extremely painful that she could not bear the weight of the bed-clothing upon her ; some diarrhœa, with regurgitating fœtid gas from her stomach ; very thirsty ; face rather livid, skin hot and dry ; scanty discharge from vagina of a fœtid character ; vaginal canal hot and painful on touch ; intellect clear, and seems very anxious about her condition, but pays no attention to her child. Patient seeming to be pretty strong, I concluded that she perhaps would have her chances of recovery increased by venesection ; so I accordingly raised her head on some pillows, and took twenty-three ounces from a large orifice—being compelled to desist from her fainting. She then had three grains of opium, with sinapisms to the abdomen ; warm water and milk thrown into the vagina. Twelve hours after venesection, patient more quiet, but pulse irregular and weaker ; respiration about seventy ; complains of abdomen very much. Considering hers a hopeless case, I went home with the firm conviction that the good lady was near her end. . . She died on the ninth day from her delivery.

CASE IV.—Metro-phlebitis with crural phlebitis in a woman who had had intermittent fever, tertian type, for ten days previous to delivery, which ended in recovery.

Mrs. W., æt. eighteen, primipara, had a natural (foot) presentation and safe delivery, on the 20th of October, 1859. Mrs. W. had had for ten days previous five ague fits, of a light nature ; so much so that they were not noticed much by herself or friends. At the hour of delivery (noon) twenty-four hours had passed since the last chill. Before I had left my patient (three hours after delivery) another ague came on, which lasted about one hour, when the hot stage appeared. Her pulse was 100 ; slightly delirious ; bowels constipated ; tongue loaded with a heavy coat. I attributed the excitement, chill, etc., partly to the fatigue of labor and after-pains, which were quite severe. I ordered ten grains of calomel with ten grains of Dover's powders, to be followed in six hours by castor-oil. Seven hours after chill—Pulse 130, and hard ; respiration twenty-four, and sighing ; complains of continual pain in womb ; lochial discharge normal. Eight hours



after ague, took twenty ounces of blood, being compelled to desist from her fainting,—but in four hours more took ten ounces of blood from same orifice; bowels having acted twice, ordered two grains of opium; sinapisms to abdomen, and warm vaginal injections. . . 21st, 2 A. M. — Has slept four hours; skin moist; pulse 85, and soft; says she feels well; no soreness of account in region of womb. To have fifteen grains of quinine, with three grains of opium, by 11 A. M. to-day, as her ague time was at 5 P. M. I was to have returned at 4 P. M., but, owing to the health of my own family, failed; but learned that she had no chill, and but a light fever, which only lasted about an hour. Other ways, patient feels quite well; has ate some. At midnight had a “shake,” followed by high fever, pain in head, back, and in the region of the uterus, with slight delirium. . . At 10 o'clock A. M., 22d, sent for, but could not go; requested them to send for a physician, but they chose to send for an “old granny,” an aunt of Mrs. W., who gave her twenty grains of calomel uncombined, followed by oil; she gave her charcoal internally, and applied it to her abdomen, etc. . . On the morning of the 24th, saw her again; pulse 140, small; tongue black as “charcoal,”—so also were the discharges from her bowels, which were very frequent; abdomen flat, but painful on pressure; respiration thirty; skin moderately warm, but dry; very thirsty; gets frantic occasionally; slight lochial discharge; decubitus dorsal. Ordered one grain of plumb. acetat., four grains of Doveri, every two hours; with spirits nit. dulc., one drachm, and ten drops of wine of ipecac, every three hours; sinapisms to abdomen; vaginal injections continued. 12 o'clock (24th)—Pulse 130, and fuller; skin cool and moist; some thirst; bowels checked; other symptoms same. To have three grains of opium twice a day, with ten drops of spirits turpentine every three hours; slippery elm poultices to abdomen. . . 25th, 6 P. M.—Pulse 115; skin moist; two stools since yesterday; slept some last night; other symptoms same. Treatment continued. 6 P. M.—Pulse 120; skin hot; complains of pain in right heel, and on tracing veins found crural phlebitis present. Applied blister to whole track of vein, to be dressed with elm poultice and leg elevated; other treatment same. . . 26th, 6 A. M.—Leg very painful; has not slept much; blister drawn well; pulse 100. . . 27th—Pulse 110, soft; leg better; slept last night, with opium; complains of left leg. Same treatment continued with it as with the right; opium continued, with wine and chicken tea. . . 28th—Both legs painful; some appetite; pulse 100. Treatment same. . . 29th—Pulse same; some appetite; rests well at night. To have an ounce of port wine three times a day,

with infusion of bark and valerian four times a day. . . Convalescence slow ; but under tonic treatment, nourishing diet, and opium at bedtime, for three weeks, she was able to walk in five weeks. A perfect recovery followed.

It will be noticed that Cases II., III. and IV. were complicated with intermittent fever. It occurs to my mind that this is a complication not spoken of by authors,—at least, I have not been so fortunate as to have read any account of it. Case III. is the fourth case I have known to die when it was complicated or preceded by ague ; in fact, I have not known but two cases to recover. (See Cases II. and IV.) Mrs. M. (Case II.) had a remarkably easy and safe delivery, not being in labor more than five hours, considering her debilitated condition—*i. e.*, loss of appetite, giddiness, enlarged spleen, and constipation, brought on by the long standing ague. Case III. also suffered from enlarged spleen, and general debility, loss of appetite, etc. Case IV. had had ague for some eighteen months, breaking it up occasionally by quinine, but not, during that time, being longer than fourteen days at one time exempt. When the ague first attacked her, she was two months gone in pregnancy, but aborted during a severe fit of ague. She continually complained of a pain in her left side during the whole period of her pregnancy up to the time of her delivery, accompanied by all the disastrous effects of long standing ague in warm climates. Whether or not, in these three cases, the ague constituted a special pathological nidus, and hence, giving rise, when the uterine system was thrown into a reverse action to that of its gravid state, to that inflammatory action which proved fatal in one, and well nigh so to the other two cases, is perhaps a difficult question—a problem, at least, which I am not able to solve. Some physicians in that vicinity supposed childbed fever thus complicated, or preceded, to depend upon malaria for its origin ; concluding from the fact that persons frequently have pneumonia—an inflammatory disease—after having a long standing ague, or even complicated with it, which they attribute to the effects of malaria ; or, in other words, that if malaria gives rise to pneumonia, it may also give rise to inflammatory affections of the uterus and appendages in puerperal women. But, according to our views, Dr. R. La Roche, of Philadelphia, in his work on pneumonia and malaria, has forever put this dogma at rest. In the Western, Southwestern and Southern States of this Republic, every physician of any experience knows full well, that it is a common thing to find pneumonia, dysentery, etc., complicated and preceded by ague or some form of periodical fevers.

I do not say, however, that it is a common thing to find childbed fevers thus complicated, though I am firmly convinced that this state of things has, and may still exist. One thing I am sure of: I have not known a puerperal woman thus affected to get through parturition and its necessary consequences without some accident of a more or less serious nature.

CASE V.—Puerperal peritonitis in a negress who carried a dead fœtus one month over full time, that had been dead two months.

Kate, negress belonging to Mr. W., æt. eighteen, primipara, was delivered without aid, on the 21st of March, 1859, of a dead fœtus, which had been carried two months, and one month over full time. On the 23d she had a severe chill, followed by frequent pulse, pain in head, abdomen, etc. Called twenty hours after attack. Found her very restless, and complaining of excruciating pains in the abdomen; pulse 140, and hard; respiration hurried; skin hot and dry; tongue milky; no discharges from vagina; no milk in breasts; abdomen tympanitic and painful on pressure; delirious at times. Bled twenty-six ounces; gave calomel and opium, sinapisms to abdomen, warm vaginal injections. . . Morning of 24th—Slept a little last night; skin moister and pulse 110; had three actions from bowels; abdomen softer and not so painful on touch; no vaginal discharge yet. To have one grain of opium every three hours; fomentations to abdomen, etc. . . 25th—Pulse 85, soft and full; respiration normal, and rests well; abdomen soft and but little pain on hard pressure; copious dark fœtid vaginal discharges; skin moist and no thirst. To have two grains of opium at bedtime for two nights, and one ounce of infusion of bark three times a day for six days. . . Up in twelve days.

This is a case of puerperal peritonitis probably brought on by a decomposing fœtus remaining in the uterus for two months. The uterus became paralyzed—unable to throw off the foreign body until stimulated to action by a dose of cathartic pills, given by the master for the purpose of relieving a headache, of which she complained, not knowing, however, that she was in the precarious condition above described, the full particulars of which were not known till elicited by myself. It is altogether likely that the proper tissue of the uterus was, to a greater or less extent, influenced, but was cut short by the venesection so early had recourse to.

CASE VI.—Metro-peritonitis in a woman who was attacked five days previous to confinement, which ended in death.

Mrs. L., æt. twenty-two, of delicate constitution, and mother of



three children, was delivered safely by a midwife on the 4th of February, 1859. Five days previous to this, Mrs. L. had a chill, followed by considerable fever, frequent pulse, pain in the head, back, side and abdomen, furred tongue, thirst and diarrhœa. Her pulse remained about 120 up to delivery, according to the evidence of her mother, a very sensible lady, and the best "woman doctor" I ever saw. In a few hours after Mrs. L. was delivered, she began to complain of severe and continued pain in the lower part of the abdomen, which was greatly aggravated on pressure, accompanied with frequent and small pulse, hot and dry skin, thirst and restlessness. She remained under the care of the midwife up to the ninth day from delivery, when I was sent for, and found her very restless; had not slept for five days; pulse 140, weak and thready; skin cool, but covered with a clammy perspiration—large drops standing upon the face and forehead; abdomen flat, (which in the early part of the disease had been distended,) and remarkably tender on pressure; diarrhœa of a pea-soupy character; tongue and lips fiery red; eyes very bright; intellect in no way disturbed; very thirsty, and complains of "burning up inside;" very foetid vaginal discharges; extremities rather cooler than rest of body. The midwife and Mrs. L.'s mother had given her blue pills for a week, combined with Dover's powders and camphor, assafoetida, wine, spirits of nitre, charcoal, besides having blistered the whole abdomen. Regarding the case as a *hopeless* one, I put her upon opium and wine, to satisfy her friends. She died in twenty-four hours.

CASE VII.—Metro-phlebitis in a woman who was attacked four weeks after delivery, which ended in death.

Mrs. W., æt. twenty-eight, and mother of one child, was delivered of her second on the 1st of August, 1860, in Jefferson county, Illinois. In about one week Mrs. W. was up and visited her mother, and seemingly got along pretty well till about the last of the same month, when she was attacked with "chills and slow fever," which in a few days prostrated her. At this period, convulsions of a puerperal nature came on every night, lasting about twelve or fifteen hours out of twenty-four, which lasted up to the time we saw her. Her whole system was greatly agitated, as well as the nervous centres, not sleeping any during the time, or but little; very rapid and wiry pulse; hurried respiration, with bronchial irritation; dry, hot skin; milky tongue; bowels constipated—only acting when acted upon by medicine; abdomen some swollen, with continued, deep-seated pain over the whole abdomen, but especially in the uterine region, which was

aggravated on pressure ; one pupil dilated, the other contracted ; delirious at times ; *timitus aurium* and *subsultus tendinum* ; *decubitus dorsal*, with knees drawn up. During this time, two physicians were in attendance ; the first terming the disease "neuralgic fever," and the second "typhoid fever," who also gave her out to die.

September 13, 1860.—Dr. S. Turner Brown, my partner, was called to see her, and found her as follows, to-wit. : Pulse 130, small and corded ; skin dry, but little warmer than natural ; tongue milky, with a thick coating on back part, flat and tremulous ; considerably agitated and restless—has not slept for several nights ; *subsultus tendinum* and *tinnitus aurium* ; right pupil dilated, left normal ; countenance *hippocratic*—nose pinched, and red spots on each cheek ; pain in head and over whole abdomen, particularly in uterine region, which is aggravated on pressure ; right *hypochondria* tender on pressure ; abdomen flat, which two days previous was *tympanitic*, but was relieved by oil ; when cool air strikes her, feels chilly, and begs that the door be shut ; and on compressing the *soleus* and *gastrocnemius* muscles firmly against the tibia, and tracing the *crural vein* below *Poupart's ligament*, above the pubic, along the brim of the pelvis, the median vein of the arm, the most acute pain was experienced. The integuments over the veins were not swollen. Her respiration was hurried, with considerable bronchial irritation ; is continually belching, and complains of fullness in her stomach ; very thirsty and no appetite ; bowels constipated, urine plentiful and highly colored. She had ten grains *calomel* with two grains *opium*, divided into six portions—one given every four hours—followed by oil. Also to have ten drops *spirits turpentine* with three teaspoonfuls of port wine every three hours, with *Norwood's tincture of veratrum viride*, five drops every five hours, till her pulse was lowered ; *sinapisms* to abdomen, wrists and ankles ; to have plenty of chicken tea. . . 14th, two o'clock P. M.—Patient calmer ; respiration about normal ; pulse 80, and fuller ; skin moist—copious perspiration all night ; has slept some ; had two *alvine discharges*, dark and thick ; other symptoms about the same. *Veratrum viride*, *turpentine*, wine, etc., continued. 15th, noon—Patient about the same as on the 14th. In addition to same treatment, to have half-grain of *quinine* with four grains of *Doveri*, every four hours, till six doses are taken. . . 16th, noon—Patient passed a very restless night ; pulse frequent and wiry ; respiration more frequent, with bronchial irritation ; she appears to be very weak ; skin hot ; other symptoms about the same as on 15th. To have two grains *calomel* and four grains pulverized *rhei*, divided

into six portions, one every four hours ; other treatment same ; quinine stopped. . . 17th, noon—Patient same ; had two stools since 16th. To have two grains opium at bedtime ; other treatment continued. . . 18th, noon—Patient rested only tolerably last night ; general symptoms same as on 17th. Treatment *varied* ; to have opium and gum camphor, one and a half grains each every four hours, with mur. tincture ferri, ten drops every five hours ; whole abdomen to be blistered ; spirits turpentine, wine, chicken tea, with milk and bread toast. . . 19th, ten o'clock A. M.—Patient seems perter than for several days previous and talks considerably ; *some* hopes of her recovery. Pulse 118, soft but small ; skin moist ; slept well last night ; blister drawn well, complains of it considerably ; mouth moist, tongue nearly clean, and no thirst ; bowels not moved for twenty-four hours ; changes her position occasionally, from back to sides, and *vice versa* ; respiration about normal. Treatment continued. . . 20th, noon—Pulse 120, small and wiry ; respiration 70, with considerable bronchial irritation ; skin hot and dry ; flush on each cheek ; some thirst, and pretty good appetite considering all things ; passed a very restless night ; subsultus tendinum returned as bad as ever ; some pain in head ; bowels regular ; still deaf. Treatment continued. . . 22d, eleven o'clock A. M.—Patient rested well since 20th, and also to-day ; red spots on each cheek, which reappear at midnight and at noon for several days past, but do not last more than two or three hours at a time ; pulse 70 and soft ; respiration about normal, with some bronchial irritation ; no subsultus tendinum to-day ; deafness no better ; skin moist ; no appetite ; had three or four stools the last forty-eight hours, rather thin. Blister to be reapplied to abdomen ; warm water and milk vaginal injections, three times a day ; other treatment continued. . . 24th—Patient about the same. . . 26th, noon—Patient has not slept for two nights ; very restless and mind dull ; is delirious at times ; no appetite ; eyes injected ; pulse 140, very wiry ; tongue red at edges ; very thirsty ; respiration hurried and sighing ; diarrhœa ; whole frame seems agitated ; countenance very anxious ; in fact, the general appearance of the patient *very unfavorable*. . . She died on the 2nd of October.

The last two cases present two features of interest, to wit.: one being attacked *before* delivery, and the other *four weeks after* delivery. In these two cases we have two extremes, which are no doubt of rare occurrence. I did not see Mrs. S. (case vi.) at or before delivery, consequently have to rely upon the statements of her mother, who, I have not the least doubt, gave me a correct history of her daughter's



case, previous to the time I saw it. No general rule can be adopted without exceptions to it occurring occasionally; though medical authors lay down the rule, as to the time when childbed fevers occur, to be not beyond the sixth or eighth day, and of course not prior to delivery, or after the lapse of a month. But there are no doubt many cases of exception to this general rule. With reference to this point, Dr. Denman says: "The time when women are chiefly subject to this fever [childbed fever] is uncertain. There are not wanting instances in which it has been evidently *forming before delivery or during labor*, or at *any intermediate period for several weeks afterwards*.\* . . . But the most frequent time of its appearing is on the third or fourth day after delivery." Hey puts the time at about forty-eight hours after delivery; Clark, on the second, third, and even the eighth day; Armstrong, from twenty-four to thirty hours; Leake, on the evening of the second, or morning of the third day.

The case of Mrs. W. (case vii.) possesses considerable interest from two considerations, to wit: *first*, the length of time that elapsed between delivery and the onset of the disease; *second*, the obscurity of its symptoms, and the difficulty attending its diagnosis. With reference to the first point, we have already said enough. Every scientific physician knows full well the difficulties attending the diagnosis of a complicated case of puerperal disease. Perhaps, at his office, he ransacks his books, then, at the bed-side, scrutinizes his patient, looks in vain for the regular order of book-symptoms, then compares his case with the regular, laid-down phenomena of the disease, but fails to see joint-work comparison; in other words, fails to find all the book-symptoms in one individual case. In this case, without a quick perception, sound judgment, and a good share of experience, the physician is indeed in a dilemma, which is likely to work disastrous to his patient, and heart-felt mortification to himself.

There are many points of similarity in the phenomena of metro-phlebitis and typhoid fever. In this case we had *tinnitus aurium*, sub-sultus tendinum, abdominal tenderness, with slight tympanitis, and toward the close, diarrhœa, which are among the prominent symptoms of typhoid fever. But, on the other hand, we had marked tenderness on pressure of the veins of the legs, iliac region and arms, besides tenderness of the uterus and uterine region; moist, milky and flat tongue, with a highly inflammatory pulse; general restlessness, great complaint, and want of sleep, with remarkably hurried respiration; {listening eyes, with continuous headache; hysteroid intoxications; shiv-

---

\* The italics are our own.

ering fits on contact with cool air; considerable appetite for days at a time; vaginal canal hot and remarkably tender to the touch; all of which are *not at all* characteristic of typhoid fever. Dr. Bouillaud, in speaking of the resemblance of phlebotic phenomena with that of typhoid fever, remarks: "Among many of our patients, the fever presented all those characters which are attributed to what are called *putrid adynamic, or typhoid fever*; and indeed the term *putrid* is perfectly applicable, since after, nay *before*, death there are unequivocal signs of decomposition, or a kind of putrid fermentation of the fluid." (*Brit. & For. Med.-Chir. Rev.*, iv., 509.) I am well convinced that there were no glandular lesions of the bowels, from this simple fact: the soreness complained of, and pain produced on pressure, were confined more particularly to the uterine region. When the uterus was grasped with the hand, which was triple its normal size—which fact contributed largely to its not having descended within the pelvis—most excruciating pains were experienced by the patient; while in typhoid fever, the pain is generally referable to the umbilical and hypogastric regions, and in fatal cases is always accompanied by more or less tympanitis, which was not so in this case, notwithstanding considerable diarrhœa was present toward the last. As to the length of time after delivery before the disease set in, we might say further, that during labor more or less danger might be done to the adjacent parts; the uterine deciduous coat may become hypertrophied, and firmly adhere to the inner surface of the uterus, and remain unexpelled for weeks; or portions of the placental mass may remain unexpelled. Prof. Meigs saw a case in which a portion of the placental mass, weighing two ounces, was not expelled for *fifteen* days. Remaining portions of the placental mass, decidua, large flakes of the chorion and amnion, materially affect its involutions; they, not undergoing putrefaction themselves, entangle and retain portions of mucus and coagula, that rapidly decompose, which has a pernicious influence upon the nerves of the uterus, and thereby produces a relaxed and enervated condition of the organ and its vessels, distending its cavity with a sort of putrefactive decomposition of blood and serum, foetid gases, and air at a temperature of 98 or 100 deg. Fahr. Who will say that this condition of things may not remain for weeks and weeks, and at last give rise to fatal metro-phlebitis?

## ARTICLE II.

## Case of Severe Injury of the Head, with Loss of Brain.

BY W. H. MATCHETT, M.D., ITHACA, OHIO.

ON Thursday evening, January 9th, 1860, about 5 o'clock, a son of Mr. Philip Hursh rode up to my office in great haste and apparently much excited; requested me to visit his father immediately; could not tell what the matter was, only that his father sat by the stove with his face covered with blood. I mounted my horse and rode with all possible speed to his house, a distance of four miles. I found Mr. Hursh as the messenger had said, sitting by the stove, his face and clothing bespattered with blood, and frequently vomiting blood. He was not sensible of his misery, but complained about his shoulder and arm. I examined his arm and found the humerus dislocated, the head of the bone resting in the axilla. By raising the arm out from the body, the head of the bone slipped into its socket again. After this, I examined the injury of the face and head more closely; found the upper lip cut entirely through, from one corner of the mouth to the other, in a semi-lunar form, the convexity toward the nose; a small opening under the left eye, that was bleeding very profusely; also a small opening in the centre of the frontal bone—a cut about one and one-half inches long, extending from the outer extremity of the right superciliary ridge upward and outward, into the temporal fossæ. Through this opening, at every effort to vomit or to clear his nostrils, small fragments of brain would escape. I collected these until I had, as near as I could guess, about one-half ounce, and how much more had escaped before I saw him, I can not say.

Upon further examination, I found the skull fractured from about the middle third of the left superciliary ridge of the frontal, upward and to the right, to the centre of the same; thence, toward the right, to the temporal fossæ; thence toward the outer extremity of the right superciliary ridge—the latter entirely broken down; and this circumscribed or detached piece of the frontal broken up into four smaller fragments. The nasal bones were driven in from their attachment; the molars broken loose and movable; the superior maxillary driven downward, and six of the front teeth of the same broken off even with the gums; and four front teeth of the lower jaw were pressed backward, splitting the internal alveolar process.

I ascertained that the patient left the house after dinner of that day,



to fall a large tree to make rails, and about half-past four o'clock he came to the house by himself, without assistance, thus hurt.

I dressed my patient's wounds the best I could, by applying three sutures to the cut on the lip, and compresses, wet with cold water, to the head and face; stayed with him all night, and kept his head cool. He sat upon a chair nearly all the night, for as soon as he would lie down he became sick at the stomach and would vomit; he threw up a quantity of coagulated blood, that he must have swallowed.

The next morning, I, with others, went to the tree the patient cut down; at the stump of which we found a limb of a beech tree, that had been thrown back by the rebound of the main stock, after being bent down by the falling ash. Said limb was four and one-half inches thick, and ten feet long, with a great many knots or points of small limbs broken off. By this stick we found a pool of blood, and from it we could track the patient, by the blood, to the house, a distance of about two hundred yards. He climbed three fences, and opened and shut one gate, on the route, taking the most direct course from the tree to the house.

I asked him how he received the injury, but he contended he was not hurt, but that he had taken a severe cold, which had stopped up his nose.

Jan. 11th.—Found patient very restless; vomiting ceased; slight reaction, but no fever; had taken no nourishment since the accident; complains of his arm, but not of head or face; contends he has taken severe cold. Continued cold water dressing, and gave cathartic of calomel, grs. x., aloes pulv., grs. x, rhei, ℥j.; to be followed with oil in eight hours, if it did not operate. Requested counsel.

Jan. 12th.—On the fourth day after injury, Drs. Otwell and Smiley, of Greenville, Ohio, met me in counsel. Upon examination again, we all, of one accord, came to the conclusion, that nothing could be done for the poor fellow, that he would die in three or four days, and that, should we attempt an operation to remove any of the fragments of the frontal, or to raise the depressed portions, he would die under the operation. We concluded it was better to let nature alone with the case, only assisting, as indications demanded, with stimulants, antiphlogistics, or tonics, and keep the head and face bathed in cold water, by means of saturated compresses applied. Upon this course of treatment the patient continued to improve. The lip cut healed up by first intention; in ten days after the injury, it was shaved over without giving pain.

(It would make this paper too tedious to report this case in detail ; we will content ourselves by giving the remarkable features.)

Jan. 20th.—Patient complained of severe pain in the roots of the superior incisors, that had been broken off by the blow in the face ; he insisted on my removing them. On seizing a root with the forceps, I found the bones of the face movable, and was fearful of doing injury in the operation by breaking up the attachments ; so I desisted after removing the first.

I visited him daily, and noticed a gradual improvement, but was fearful each day that I would find evidences of compression. This was prevented, in my humble opinion, by the secretion of the fractured frontal finding exit through the nostrils, through which the patient could force blood and mucus for three weeks. An effort at blowing the nose would force air into the cellular structure of the forehead, through this communication between the nose and frontal sinuses, puffing up the tissues to such extent as almost to lead me to make the mistake of plunging a knife into it, under the impression that there was matter secreted. I examined it closely by pressure, and found I could dislodge the *wind* through the nose. After this the patient would dislodge it by pressing his hand on the tumor immediately after blowing his nose.

March 1st.—Found patient sitting by the stove, reading a newspaper ; complained of slight, stinging pain at the root of nose, and in the incisive fossæ. Examined fracture closely, and find the nasal, molar, superior maxillary, and the restored teeth of the lower jaw, all firmly united to their attachments ; but the front part of the superior maxilla is too long, allowing the front teeth, or the roots of the upper and the lower teeth, to come together before the molars do, thereby preventing the patient from masticating solid food. I found the fragments of the frontal bone united to one another, and to the surroundings, but a little depressed or behind the remaining portion of skull bone. The patient has every prospect of complete recovery. He is rational, and remembers shooting a pigeon on the day he was hurt, and also recollects going to the ash tree ; but does not remember cutting it down, or making his way to the house, or any thing connected with the accident.

March 6th.—Patient hopeful and cheerful ; some pain at the root of nose ; the face is yet much swollen.

March 28th.—Found patient eating dinner ; still some pain at the root of nose, or naso-frontal symphysis ; also pain in incisive fossæ ; not much swelling. Upon close examination after the swelling has subsided, I find the right superior maxillary bone shuts inside of the

arch of the lower jaw ; and that the right eye is about one-half inch below a horizontal line drawn through the sight of the left. All parts of the fracture appear to be united, at least immovable.

Sept. 1st.—Find patient fully recovered, and at labor on his farm. Up to this writing, have never heard of any derangement of mind from the loss of brain.

---

ARTICLE III.

**Remarkable Case of Union of the Walls of the Vagina.**

BY S. F. NEWCOMER, M.D., GREENFIELD, OHIO.

ON the 22d of last November, I was called to Mrs. O., wife of a young attorney, the mother of a boy nineteen months old. The lady is under-sized, light hair, fair skin, of delicate yet a sound constitution, and some would say of leuco-phlegmatic temperament. For a primipara, she had a short and easy labor ; was out of bed at the end of a week, and no accident was suspected by herself or accoucheur. She was now supposed to have prolapsus uteri, having several symptoms usually attending that affliction, but the most constant and annoying one was a bearing-down pain, differing from the parturient effort only in degree. With this information, I carried with me an assortment of pessaries, and of course tried to inform myself of the condition of the vaginal canal. But this I found an impractical undertaking. By using force enough to cause severe pain, the index finger—not a large one—was partially passed through an orifice directly under the pubic arch. The compression of the finger was so great as soon to benumb it, and its presence made the bearing-down pains so severe and persistent as to render its speedy withdrawal necessary. I informed the lady and her friends, that I could learn nothing of the case by such an examination, that was satisfactory or reliable, except that the vagina was in a state of almost complete occlusion, and that, under the circumstances of the case, it was remarkable, and the first of the kind I had ever met with ; that I had seen no such case on record, nor heard of one in conversation with my medical brethren. I am not here to be understood as being ignorant of the fact, that infants are sometimes born with an imperforate vagina, and that this congenital imperforation is irremedial in some cases, while in others the puncture or division of the hymen makes all right.

The friends of this lady now informed me, for the first time, that she often told them she had “grown up,” and had made the discovery two



weeks after the birth of her child. But they could not think her statement correct; they would not inform me, nor allow her to do so, for fear of being laughed at. Her mother concludes, if there really was a serious obstruction, the womb had fallen into the vulva and closed it—a conclusion likely to be formed by non-medical persons.

The lady was now confided to my care, to ascertain the real nature of her case, and to pursue any course that would lead to a final cure, if such was really practicable.

Notwithstanding the favorable report given of her short and easy labor, I concluded that laceration of the perineum had taken place, and the accident being unsuspected, and no attention paid to it, the process of healing had gone on in a way to distort the natural relation of the parts, and result in nearly closing the vulva. But the closest scrutiny detected no traces of laceration of the perineum or contiguous parts. The obstruction was caused by adhesion of the sides of the vagina, beginning at its posterior wall, on a line with the nymphæ, running outward and forward, leaving at the anterior only a slight orifice, as already stated, through which the urine escaped; and it is hardly necessary to add, that sexual intercourse was out of the question. I have said the adhesion inclined outward; at its termination the adhesion, externally, was at the point of union between the skin and epithelium of the labia majora. The band thus formed was two inches in length, and, when not distended, a full quarter of an inch thick.

On the 3d of December, at 10 o'clock A. M., in the presence of Dr. Milton Dunlap, of this place, I operated, by introducing a director, pressing the band outward, and with a bistoury cutting down freely to the posterior wall of the vagina, thereby enlarging the vulva to its natural extent. After the bleeding had ceased, a pledget of lint, spread with simple cerate, was interposed between the edges of the cut surface, which now spread out on each side of the vagina more than one-half an inch in breadth. At night there was considerable swelling, pain and redness, and some fever. A cathartic at bedtime, and several doses of diaphoretics during the night, had the effect of removing most of these symptoms during the next day. The healing went on tardily. A week after the operation, menstruation set in, and continued three to four days, putting a stop to the healing process during its presence. After the menses subsided, the lint and cerate dressing, with an occasional application of tinct. ferri muriat., led to a final cure, at this date. In a few weeks hence I shall take measures to correct the procidentia uteri, which, however, are quite familiar to all physicians of experience. All care possible was taken to prevent a reunion of

the divided surfaces; yet a small band was formed posteriorly, but not to an extent to embarrass the functions of the organ.

One result of the operation I deem worthy of notice: that is, the suspension of the bearing-down pains. The lady expressed the greatest relief from that annoyance the next day, and she is still in a great measure exempt from it.

Having no data to go on, the cause of this band uniting the opposing walls of the vagina, is left to the conjecture of the reader. I never took steps to guard against such an accident, unless there was a laceration of soft parts. No such an event ever ensued to a case of uncomplicated labor. The sides of the vagina may have in some way become raw or abraded, and being permitted to rest in juxtaposition, grew together. In this case nothing arrested the special notice of either nurse or physician. If such an accident can take place, under the circumstances of this case, the wonder is, that it is not a more common result.

---

ARTICLE IV.

**Poisoning by Stramonium Leaves used as an Enema.**

---

BY S. B. POTTER, M.D., FREDERICKTOWN, OHIO.

---

ON the 10th of August, 1860, at 9 A. M., I was summoned in great haste to the house of Mr. A., to see his lady, who is rather above medium size, and of plethoric habit. I found her lying upon her bed, in a comatose condition, inclined to stertorous respiration; the tongue swollen; fauces red, dry, and some little distended; pupils dilated to a great extent; considerable subsultus; circulation sixty-four. Upon inquiry, I found she had gathered a handful (good size) of stramonium leaves, to which she added half a pint of warm water, and used a six-ounce syringeful as an enema for piles. Whereupon I ordered an injection of salt and water immediately, and repeated every ten minutes until the rectum was thoroughly cleansed. I also ordered a very strong decoction of coffee made, to which I added strong vinegar, and gave as freely as I could. There being great difficulty in deglutition, sinapisms were used freely to the spine, extremities, etc. Friction with brandy and capsicum. 10 o'clock—Gave an emetic. 11 o'clock—Patient rallied from her stupor, and became raving to the extent that she had to be controlled by manual effort, frequently screaming to the top of her voice. Circulation sixty-eight; extreme irregularity of muscular action. Ordered a blister to the back of the neck. She be-

came more quiet as the blister began to take effect. 2 o'clock — Some vomiting; circulation sixty-four. Continued the coffee and vinegar. 3 o'clock — Physic operated well. 4 o'clock — Slight improvement. 6 o'clock — Consciousness returning; circulation running at sixty-four. 9 o'clock — Still improving; recognizes members of the family; the tongue less swollen; extreme dizziness and forgetfulness; complains of being numb generally. Continued friction with brandy and capsicum. . . . Aug. 11th, 5 A. M. — Decided improvement; circulation fifty-four; rested well; perfectly sane. Ordered another cathartic, with sinapisms, etc., etc. 7 P. M. — Medicine had its desired effect; the patient still improving; numbness disappearing; remains somewhat dizzy. . . . August 12th, 8 A. M. — The patient still improving; circulation about natural. Ordered her to be taken out riding, which made her quite sick at the stomach whenever the carriage would stop, but received much benefit from the ride. She was troubled more or less with dizziness for about six weeks, but has entirely recovered from its effects.

---

## ARTICLE V.

**A Case of Prolapsus of the Umbilical Cord.**

BY W. T. BROWN, M.D., CINCINNATI.

ON Saturday, December 8, 1860, at 9 o'clock A. M., I was called to attend Mrs. —, in her fourth confinement. When I entered the room, she informed me that the membranes had ruptured at about 4 A. M., but that the pains had not been very severe since. I immediately made an examination, and found a large portion of the cord external to the vagina, and pulsating quite strongly. The vagina was moist, and the os uteri fully dilated.

I sent for Dr. S. Bonner in consultation, and upon his arrival we placed the patient upon her knees, with her chest and face also resting on the bed, following out the plan of Dr. T. Gaillard Thomas, of New York city, and adopted by Dr. Mendenhall in a similar case, as published in the October number for 1858, of the *Lancet and Observer*. Dr. Bonner then introduced his right hand into the vagina and succeeded in replacing the cord so far within the uterus as to prevent its protruding until after the delivery of the child. We had previously diagnosed twins, and that the breech of one child was the presenting part. But as the patient had no pain, and the breech did not enter the superior strait, we determined to bring down the feet.



She was placed on her left side, and delivered of one child in this way in a very short time. The second child also presenting the breech, the feet were brought down, and delivery accomplished without any difficulty. The placenta and membranes were expelled in a few minutes. Both children are living and quite healthy. The mother recovered without any unfavorable symptoms.

---

## Hospital Reports.

---

**St. John's Hospital.**—Prof. G. C. BLACKMAN, M.D., Surgeon. (Reported by CHARLES GREENLEAF, M.D., Resident Physician.)

### *Three Cases of Removal of Upper Jaw.*

CASE I.—M. J.—, admitted Feb. 2, 1860; farmer, aged 30 years. Eleven years ago he had some trouble with the teeth of the upper jaw, upon the left side, but this appeared to subside after the extraction of one or two of the teeth. Last August, however, the jaw again became painful, and soon after a slight tumefaction of the cheek was noticed.

*Present Condition.*—The left side of face is swollen; the upper jaw on same side presents a fungous mass, in which he has had, especially at night, severe lancinating pains. The functions of the naso-orbital duct are not materially interfered with, nor does the general health appear much affected.

February 3d.—The patient having been placed under the influence of chloroform, Prof. Blackman proceeded to operate, the class of the Medical College of Ohio being present. An incision was made by the side of the ala of the nose, and extended through the lip, in the mesial line; the coronary artery was much enlarged, and gave rise to considerable hæmorrhage; the bone was found to be converted into a cartilaginous substance mixed with brain-like matter, which also filled the antrum, and was very vascular, giving rise to great hæmorrhage. This was torn away with the bone gouge forceps, and the hæmorrhage checked by means of pressure and the persulphate of iron. After his recovery from the effects of the chloroform, stimulants were administered and he reacted well. R Morphia sulph., gr. ss.

February 4th.—Slept well; no hæmorrhage; is very comfortable; removed the lint, and syringed out the cavity.

February 8th.—Wound healed; discharge less; general health as good as ever, and patient left for home.

In his remarks to the class, Prof. Blackman alluded to the unsatisfactory results which generally followed the removal of the upper jaw in similar cases, and predicted an early return of the disease. He referred to a few exceptional cases in which the operation had saved life, and particularly to a case reported by Mr. Syme, in the fortieth volume of the *Edinburgh Medical and Surgical Journal*, in which "a large, soft, bloody, most malignant looking tumor, which encroached upon the cavity of the mouth, and elevated the cheek," was removed by him, and two years afterward the patient remained perfectly well. He also mentioned the attempts which had been made to prolong life in these cases by ligating the primitive carotid artery, and remarked that although this operation had frequently arrested for awhile the progress of the disease, it had generally failed to cure the patient. In his own practice, however, he had saved one patient, on whom some ten years before he had tied both primitive carotid arteries, there having been an interval of three weeks between the operations. Prof. B. concluded his remarks on the case by acknowledging the indebtedness of the profession to the late Mr. Liston, of London, who, in his "Observations on some Tumors of the Mouth and Jaws," published in the *Medico-Chirurgical Transactions of London*, vol. xx., had pointed out the class of cases in which extirpation was likely to be followed with success.

As predicted by Prof. B., the disease in a few months reappeared in the above case, and destroyed the patient.

CASE II.—Catherine C——, admitted May 1, 1860, aged thirty years, married. About a year ago noticed a swelling on left cheek, just below the eye, which, giving her no pain or inconvenience, was neglected, until from its size the teeth interfered with mastication, and she had them extracted. Immediately after this the tumor increased rapidly in size, at times giving her some pain, and fluctuation being discovered at its most dependent part, it was lanced, blood only following the operation. About three weeks ago, an ulceration of the gums around the sockets from which the teeth had been extracted, commenced, but is only superficial.

*Present Condition.*—Left cheek swollen to about the size of a fist; tumor feels hard, not painful on pressure, and integuments loose over it; in the mouth the jaw is greatly swollen and nodulated on its surface; gums for some distance back slightly ulcerated; discharge very slight; no bleeding.

At 3½ o'clock P. M., Prof. Blackman proceeded to extirpate the superior maxillary bone, the patient being under the influence of chlo-

roform. No external incisions were made, but the tumor was taken entirely out, with the bone gouge forceps and Fergusson's forceps. The hæmorrhage was trifling; patient rallied well from the chloroform, and cold applications were ordered.

May 3d.—Patient doing well; some tumefaction of left side, for which a lead wash was ordered. . . May 7th.—Has improved rapidly, and to-day left for home, in excellent health.

During the present month, (January,) Prof. B. heard from the patient, and there was no sign of a return of the disease.

CASE III.—John Dean, admitted October 23d, 1860, aged forty-seven years, butcher. Last February had a pain in the molar tooth of the right side of the upper jaw, for which the tooth was extracted, and a small abscess on the inner side of the jaw was lanced. Since then the jaw has continued to enlarge, at times giving pain, until it reached its present size, which is about that of an orange, hard and somewhat nodulated, and very vascular and giving no pain.

October 24th.—At eleven o'clock A. M., after preparation of the patient by brandy, Prof. Blackman, in the presence of the class of the Medical College of Ohio, proceeded to extirpate the superior maxillary bone. An incision was commenced, (the patient being under the influence of chloroform,) below the inner angle of the eye, carried down to a level with the ala of the nose, thence across to septum of nose, and thence down the mesial line, dividing the lip. Another incision was made, from the angle of the mouth to the zygomatic arch, the flap dissected up, and a saw carried through the symphysis of the jaw; but breaking at that stage of the operation, the bone gouge forceps were used to complete the extirpation. The hæmorrhage was profuse, but easily controlled by the use of persulphate of iron, and the flaps brought together by sutures. The mouth is to be syringed with a mucilage, and his diet is to be beef tea.

October 25th.—Passed a comparatively comfortable night. The face, however, is much swollen, and has a decidedly erysipematous appearance, but a wash of sulphate of iron, followed by free use of colodion, rapidly reduced the swelling. Considerable blood has been vomited, which was swallowed during the operation.

October 27th.—An offensive odor from the mouth was destroyed by the use of diluted Labarraque's solution, and the bowels being a little torpid, blue mass, gr. x., was ordered; general health excellent.

November 5th.—Wounds are firmly united, and but for a little difficulty in speaking he is as well as ever, and was to-day sent home.

*Cockle-Burr in Larynx.*—Thomas C——, admitted December 3,



1860, aged twenty-one years, farmer. Eight days ago, while walking through a field, got a "cockle-burr" on his glove, and while taking it off with his teeth, during an inspiration it passed down into the larynx, where it is now lodged. He complains of some pain on the right side of larynx, and can only speak in a whisper.

At 1½ o'clock this P. M., Prof. Blackman, in the presence of the class, divided the thyroid cartilage, in the median line, to an extent sufficient to admit the end of the little finger, and after a few thrusts with a probe the foreign body was expelled through the mouth. There was but little hæmorrhage. Chloroform was not used.

December 4th.—Passed a good night, and feels very comfortable; brought the edges of the wound together with isinglass plaster and collodion.

December 5th.—Doing well; has some soreness at the point formerly occupied by the burr, and has a slight cough.

December 10th.—Very much improved; has almost regained his full tone of voice.

December 12th.—Can now speak in nearly a natural tone of voice; wound about healed, and to-day patient left for home.

In his clinical remarks, Prof. Blackman observed that in this and a case precisely similar, about two years ago, he had opened the thyroid cartilage at once, as cases were reported in which surgeons, after dividing the cricoid cartilage and crico-thyroid membrane, had been unable to dislodge the foreign body, but had been compelled at last to incise the thyroid cartilage, whereas in his own cases, the cockle burr had been readily thrust through the mouth. He also called the attention of the class to the immediate loss of voice following the inhalation of the cockle-burr, and remarked that in some instances the patient never fully regained it. In one reported case, the voice returned suddenly in a fit of rage, some three weeks after the operation.

---

*Vomiting in Pregnancy.*—According to a statement before the Louisville College of Physicians, Dr. Thumb has found bisulphate of soda and crab-cider a specific against this trouble. Another member, whose name is not mentioned, advised in a very distressing case, after failure of a good many prescriptions, cold hip-baths. The husband modified this suggestion by pouring a pitcher of cold water down the spine, with prompt alleviation of symptoms whenever resorted to. Several members had used the *oxalate of cerium* with quite satisfactory results in similar cases, and others entirely without benefit.—*Med. News.*

## Proceedings of Societies.

### Proceedings of the Wayne County Medical Association.

Reported by JAS. F. HIBBERD, M.D., Secretary *pro. tem.*

RICHMOND, January 3, 1861.

President Brandon called the Association to order. The Committee on New Diseases and New Remedies made a report.

No new disease had occurred during the past year, so far as its observation of current medical history extended, though a new form of intermittent fever had been epidemic in Paris, with paroxysms at very short intervals, and not only unrelieved, but actually aggravated, by the ordinary anti-periodics. The report also stated that Dr. Bartholomew, assistant surgeon U.S.A., had satisfactorily shown that the "mountain fever," described by Dr. Ewing in 1855, as existing in the Rocky Mountains, was nothing more than typhoid fever and malarial fever, with modifications, caused by the elevated position in which they occurred.

Dr. Bartholomew's experience was obtained at Fort Bridger, U. T.

Among new remedies permanganate of potash was presented, on the authority of Mr. Henry, a British surgeon, as a superior dressing for suppurating sores, particularly suppurating burns, in the stead of the poultice, which Mr. Henry thinks often poisons the system indirectly, by retaining the discharges and causing their absorption.

The preparation of permanganate of potash recommended was Condry's Disinfecting Fluid, diluted with from 30 to 500 parts of water. A part of its value is attributed to its deodorizing qualities.

*Rhubarb in Suppurating Burns.*—Dr. Rittenhouse, of Pennsylvania, says the best application to suppurating burns he has ever tried, is one part of powdered rhubarb, mixed with two parts lard, and applied on linen cloths.

*Bismuth and Glycerine in Burns.*—Prof. Richardson, of New Orleans, recommends sub-nit. bismuth and glycerine to be rubbed together in a mortar to the consistence of paste, or thick paint, and apply with camel's hair brush or mop of soft rag; cover with carded cotton, and, if necessary, retain with loose bandage.

All appear to agree to the therapeutic value of this mixture, but Dr. Gibbs, of New York, who thinks its cost will stand in the way of its introduction into general practice.

Some conversation followed about poultices and the management of burns. It was conceded that poultices were carried to an unwarrantable length in the treatment of suppurating sores; but where an emolient was needed, and circumstances did not allow of the application of the more convenient and cleanly wet cloth, the poultice would be very properly applied.

Dr. Butler had treated a burn with lead paint until he became fearful of lead poisoning, then substituted a paste of whiting and oil, and finally simple *putty*, which was pressed out into a thin sheet and laid over the sore at each dressing. Both to himself and his patient this afforded the most acceptable dressing he had ever used.

*Galvanism.*—Mr. Lobb thinks that the gentle continuous current from a Pulvermach chain, is a specific for idiopathic peripheral neuralgia. The committee suggest caution in the use of the common galvanic machine used for medicinal purposes, which operates by a rapid alternation of the direct and reverse current. While this is a potent exciter of nerve force, it is at the same time a rapid exhaustor of nerve vitality.

*Hypodermic Exhibition of Narcotics.*—The committee refer to this as a new and valuable addition to our methods of administering certain medicines.

*Position a Remedy for Stertor.*—Mr. Bowles, after repeated trial, assures the profession that stertor in apoplexy, etc., is immediately relieved by turning the patient well on his side, so that the paralyzed tongue and velum palati will fall forward, and the mucus drain away. Very soon, also, the phenomenon of partial suffocation accompanying the stertor, will disappear.

*Acupressure as a Hæmostatic.*—Originating with Prof. Simpson, this method of arresting surgical hæmorrhage in some cases has been warmly advocated by some good surgeons, and condemned by others. Its real value will only be established after further experience.

*Fat as an Antidote to Poisoning by Arsenic.*—A small quantity of fat, as of milk, meat, etc., will reduce the solubility of arsenious acid to about one-twentieth of what ordinarily belongs to it, according to Dr. Blondlot. Hence, fat swallowed immediately after arsenic will hold it nearly or quite harmless until radical means can be adopted to evacuate the stomach. If this is true, it has immense practical value.

*Saccharated Lime.*—Great value is claimed for this preparation by Dr. Cleland, as an antacid, tonic and laxative. If it has a moiety of the virtues he claims for it, it is a valuable addition to our *materia medica*. Dose, twenty to sixty minims in a glass of soft water.



*Oxalate of Cerium.*—Dr. Lee, of Blockley Hospital, Philadelphia, confirms Prof. Simpson's statements of the value of oxalate of cerium in obstinate vomiting of advanced pregnancy, and has likewise obtained great good from it in the emesis of pulmonary tuberculosis, and in pyrosis and hysterical vomiting. He credits it with valuable tonic properties, and has given it with marked benefit in a tonic dyspepsia. He gave it in doses of one or two grains in pill every two or three hours.

*Iodide of Ammonium.*—This drug is reputed valuable in all cases where potas. iod. is indicated, particularly in constitutional syphilis. Its claimed advantages are: greater acceptability to the stomach, its effect more rapidly produced, and the quantity required less. From two to sixteen grains given per day.

*Chloroform in Congestive Chills.*—An almost hopeless case of congestive chill was relieved by Dr. Keator, with five-drop doses of chloroform given every ten or fifteen minutes for two hours. Prof. Byrd was equally successful in a similar case with chloroform, given in the ordinary way, by inhalation.

—After the report, of which the above is a brief synopsis, was disposed of, Dr. M. C. West read the following paper on

#### HYPODERMIC MEDICATION.

Among the many improvements and contrivances for the introduction of medicines into the system, and their application to diseases, which have for the last few years filled an important place upon the pages of medical periodicals, and tell the unlimited variety and power of invention possessed by the human mind, is one which originated with Dr. Alexander Wood, of Edinburgh, and was brought out by Charles Hunter, of London, under the name of the "Hypodermic Method," in which the medicinal agent employed is injected into the subcutaneous cellular tissue, by means of a small syringe.

Dr. Wood has long been in the habit of making subcutaneous injections in neuralgic affections, and attributed the success of his practice to the localization of the remedy. But his explanation of the action of remedies thus employed is not only not confirmed, but is disproven by facts; for those who have had experience with this method of treatment, must have repeatedly seen as striking and curative effects when the injection was made in another part of the body, as when localized to the diseased tissue. And further, the non-localization of the remedy obviates much of the liability to the production of abscesses, which have sometimes resulted from the frequent repe-

tition of the injection into the same spot. It is also less likely to be followed by inflammation, and much less pain must accompany the injection of a healthy, than an unsound or morbidly sensitive part.

Having experienced most gratifying results from a limited application of this method, when powerful agents employed by ordinary methods seemed to have lost their influence in controlling one of the most important attendants upon disease—namely, pain—so much of the cases treated as will show what effect was produced by the subcutaneous injection in ameliorating the sufferings of the patient, will appear from the notes taken at the time.

Case I.—E. B. H., aged 48, had been affected with acute rheumatism, involving the hip and thigh of the right side, for about three weeks, and under treatment about one week, when the inflammation extended down to the calf and ankle. The pain in the thigh was quite intermitting, though the whole limb and side were exquisitely sensitive. The slightest pressure, and even friction of his clothing, produced the most intolerable suffering. Paroxysms of intense pain regularly commenced about five o'clock in the evening, and continued until about two o'clock in the morning, when the severity of his sufferings would gradually subside, and leave the patient comparatively comfortable during the remainder of the night and day.

April 21st.—Was brought to our place in his carriage, and aided by a pair of crutches, he succeeded, with great difficulty and suffering, in helping himself from the carriage to the office. He complained, at this time, mainly of his thigh and hip, constantly and imperatively demanding relief, expressing a willingness that anything which presented a single hope of affording relief from his suffering should receive a trial, as he conceived that no reasonable usage could add to the violence of his pains. We used, for the first time, the hypodermic injection, employing twenty minims of solution of sulphate of morphia, containing one half-grain of the salt. The injection was made in the upper and outer part of the thigh, and caused the patient to suffer but little additional pain. In less than ten minutes, he expressed himself much relieved, and after fifteen minutes he walked to his carriage, unaided by his crutches, and without experiencing pain. He was free from suffering, and rested well during the night, the first sleep he had enjoyed in the early part of the night for three weeks.

No pain worthy of remark was experienced until about 5 P. M. the next day, the usual time for the return of the painful paroxysm, when his sufferings began to be somewhat aggravated, but the sever-

ity soon passed away, and he rested till about midnight, when he sent for me to repeat the injection. Solution of the same strength and quantity was used as on the 21st, after which he soon fell into a sound sleep. He remained comparatively free from pain until the evening of the 25th, when he asked to have the injection repeated, though his suffering was by no means so intense as it had previously been. Fifteen minims of solution of same strength as had been used on the former occasions, was injected, which secured for the patient a night of refreshing sleep. The following night he slept in bed, with little or no aggravation of his sufferings, which he had not done for more than two weeks, having found his pain most tolerable while resting upon his crutches during the early part of the night, and seated in a chair with the painful limb elevated, during the latter portion.

Although the patient was treated all the time upon the ordinary remedies, as anodynes, anodyne diaphoretics, and alkaline diuretics and purgatives, still no check seemed to be put to the disease, until the patient was made free from pain by the first resort to the subcutaneous injection; and from the time of the second injection, convalescence may be said to have been established, though he was unable to attend to his business, which is stone-cutting, for ten days or more after the time of the last injection.

Case II.—Mrs. W. C., aged 37, had been under treatment for neuralgia in the left lower limb, for about five days, without any apparent curative effect from the use of ordinary remedies.

June 14th.—Made subcutaneous injection in the thigh of one-third grain of sulph. morphia in fifteen minims of water. Relief was almost instantaneous, and continued for about twenty-four hours, when, at the request of the patient, it was thought advisable to repeat the injection. Relief was afforded as before, and proved permanent. Administered, internally, quinine and iron.

Case III.—Convalescent four days from a tedious course of intermittent fever, Mrs. M. W., aged 28 years, assisted in scrubbing the floor on Saturday afternoon, August 11th, 1860. Some six hours afterward, a severe rigor of about eight hours' continuance, set in, followed by reaction of corresponding severity, developing acute rheumatism in the hip joint, involving the thigh, of the left side. Pulse, 110 beats per minute.

Prescribed hydragogue cathartic and alkaline diuretic, with sulph. morphia in one-fourth grain doses, to be repeated every two hours until pain subsided, after the operation of the cathartic. Three doses of the morphia were taken before relief was obtained.



During the next day or two, the inflammation continued with little abatement, attended by almost constant, excruciating pain, especially on motion, and very perceptible enlargement of the limb. Fever was checked by the first prescription, which was followed by quinine and morphia, with such consecutive treatment as seemed indicated, internally, and Rogers' Embrocation applied locally.

14th, 6 A. M.— Found the patient much exhausted from having spent most of the previous night in retching and vomiting. Considerable febrile excitement present; pulse 120; complained of most excruciating pain in the calf of the leg. Injected one-third grain sulph. morphia in solution per hypodermic method, which gave relief in a very few minutes. This injection was followed by cramping in the stomach, which was speedily controlled, however, by applications of horseradish leaves over the epigastrium, with camphorette tincture of opium and tincture of castor internally; after which she remained comfortable during the day. Gave acetate potass solution every three hours.

15th.— Had passed a good night; continued prescription. About 3 P. M., was called on account of the return of pain, now mostly referred to the ankle. Repeated the injection as before, which gave relief in five minutes.

16th.— Apparently much better; sleep was refreshing, during which there was free perspiration; appetite much improved; no pains except on moving the limb, which was somewhat diminished in size; composed in mind, and quite cheerful. Continued prescription, and enveloped the limb in flannel. Discontinued the potass, and substituted Seidlitz powders, the former having become irritating to the stomach.

On the afternoon of the 17th, severe pains, situated just posteriorly to the internal malleolus, caused the patient to ask for the injection to be repeated, as the most rapid and efficient means of procuring relief. During the process, however, to the sore disappointment of the patient, the piston rod broke before the injection was completed, and the effect was but partial. Morphia was given per stomach in one-fourth-grain doses, repeated every hour until pain subsided. From this time the pain was not troublesome, and under treatment varied to meet present indications, she progressed slowly but steadily to a state of health.

Case IV.— Mrs. K. H., resident of Massachusetts, aged 25, of more than medium size, fair, transparent skin, light-brown hair, and decidedly nervous temperament, seven months advanced in her second pregnancy; has been subject to hysterical paroxysms for the last year and a half, having been much more frequent during the last year than pre-

viously. During this time she had been treated by three different physicians of the regular profession, each of whom, after a reasonable trial, had pronounced her case "incurable" by direct medication, and advised the free inhalation of chloroform during the violence of the paroxysm, as the only efficient means of procuring relief, and much persuasion was required, by the friends of the patient, to induce her to submit to a trial of any other means. So exclusive was her confidence in the power of chloroform, that, during a severe paroxysm, which had continued for thirteen hours previous to my visiting her on the afternoon of the 26th November, six ounces of that hitherto all-efficient remedy had been either inhaled by the patient or wasted about the room, with no other effect than to produce a continued state of wildness. When I saw her she was suffering the more marked conditions attendant upon a paroxysm of hysteria, as alternate chillings and flashings of heat upon the surface; labored or obstructed respiration; fits of laughter and expressions of unnatural affection, alternating with moaning, sighs, disgust and tears. Momentary spasms were present, yet her most constant and important symptom was intense pain referred to the cardiac region.

Made subcutaneous injection of three-fourths grain of sulph. morphia, in solution, into the right arm. In about ten minutes all spasm of the extremities and complaint of pain ceased, and in about thirty minutes the patient was in a sound sleep. She awoke after sleeping half an hour. Still rather delirious, but free from pain. About three hours from the time of the injections, her mind became clear, and she passed a tolerably good night. During the evening she took food frequently, with tincture of castor in teaspoonful doses every three hours.

Saw the patient next morning at 9 o'clock. Had eaten a reasonable breakfast with good relish. Very cheerful, and inclined to jesting. Gave iron and quinine in tonic doses; also tincture of castor and valerian every four hours. Left two powders of sulph. morphia, each containing about three-fourths grain, to be given in case the pain returned. The pain returned at 1 P. M., and both powders having been given without any appreciable effect, at 3 P. M. I was called. Half an hour later, I again injected three-fourths grain sulph. morphia in solution, which gave relief as before, but did not induce sleep. Discontinued the quinine and iron, and gave a cathartic of calomel and aloes, to be followed by castor oil. After the operation of the cathartic, the powders were to be resumed. Tincture continued.

The symptoms which marked the paroxysms did not return, but in lieu, her stomach became rebellious, obstinately refusing all food; the

smallest quantity of any substance causing intense pain, immediately upon being received into that organ. This condition continued to recur, during the middle of the day, until the first of December, when, with the intervention of uterine pains, all vomiting and retching ceased. On the evening of the 3d, after a labor of about four hours, she gave birth to a healthy male child, of seven and a half months, weighing five and a half pounds. With the cessation of her labor, terminated all her previous difficulties.

—Dr. Butler read notes taken at the post mortem examination of W. J. L., aged about 60 years, who died of tuberculosis of the lungs. During the latter months of his life, for much of the time his circulatory apparatus presented the phenomenon of having but one arterial pulsation, as evidenced at the wrist in the radial artery, to two pulsations of the heart. That is, when the heart was beating 120 times per minute, the radial artery indicated but 60 beats in the same time.

No morbid appearance was found in the heart to account for this irregularity, unless the close adherence of the pericardium to the surrounding tissues was sufficient. The cavity of the pericardium, cardiac walls, and valves were normal.

Dr. Butler also read notes of a fatal case of diphtheria in a boy, aged 4 years. This was a case of relapse, which the Doctor saw on the evening of Dec. 5th. But little swelling about the throat, internal or external, and exudation not extensive. The unpleasant "symptoms were drowsiness, a slow pulse, 50 beats per minute, and bloody lymph dried upon the teeth." No urine had been voided for thirty-six hours, and the catheter inserted showed none in the bladder.

The Doctor was called again early next morning. The patient had rested well; was still disposed to sleep, but easily aroused; no radial pulse; heart beat irregularly; perfectly rational; breathed easy; still no urine; muscular strength good; could not or would not swallow; had a convulsion soon after, and died at 1 o'clock P. M.

Dr. B. adds: "Death resulted from failure of circulation and secretion — as evidenced by the arrest of the functions of the kidneys and heart — caused by the effect of the morbid poison of the disease upon the nerves of organic life."

It was suggested that death was probably caused by uremia.

Dr. Thomas was appointed essayist, and Dr. Personett alternate.



## Editorial Translations.

---

1. *Society of Surgery, Paris.*—M. Bouvier reported, in the name of Mirault, (*D'Angers*,) two cases of traumatic aneurism, *cured by digital compression*. The first one was cured by bleeding; a small tumor developed itself gradually. The patient was twenty-three years of age. Digital compression was made for thirty-one hours, with a perfect cure. The second was an aneurism of the temporal artery. It was produced by a chicken, in a subject nine years old. It had the size of a small nut. Being unable to make compression between the heart and the tumor, Mirault established compression on the tumor itself. It was continued for eighty-five hours, at different times, being interrupted during the night. A cure was obtained.

2. *A Case of Cure of a Wound of the Spinal Marrow.*—M. Prestat reported the following case: A. B., fifteen years of age, received a wound from a knife in the lower part of the dorsal region, and fell down instantly; he was not able to rise, and remained a long time in the place where he was wounded. M. Prestat saw the patient four hours afterwards, and diagnosed a transverse wound between the tenth and eleventh dorsal vertebræ; the knife had entered between the vertebræ. Very little blood escaped, but a large quantity of serous, limpid, colorless liquid flowed from it. The pulse was small, skin cold, and the expression of face very anxious. The mind was clear; the respiratory muscles were active; the superior extremities presented nothing particular. Vomiting had taken place, but there was neither involuntary emission of urine nor defecation. The inferior extremities were paralyzed; the left one completely paralyzed, the right one less so. In the evening of the same day, heat returned, the pulse became full, the patient was catheterized, and a bleeding of some ounces was made, which was repeated the next day. For several days the introduction of the catheter was demanded. The sixth a stool was had from a purgative injection. During this time the wound had not yet closed, and a very considerable quantity of spinal fluid escaped. Finally the patient was able to urinate at will, and the wound began to cicatrize; some time later, defecation became easy. The paralysis, however, continued in the lower extremities. The left leg began to atrophy; it was not so large as the other. M. Prestat began the use of electricity about a month after the wound; its employment at first did not produce any benefit, but at the end of five

or six days contractions were produced, which became more and more marked. Sensibility reappeared before mobility. Finally a cure was perfected slowly, and all traces of the lesion disappeared.

3. *Treatment of Diphtheria, Inflammatory Angina and Croup, by the Perchloride of Iron, by M. Aubran.*—The author read a paper with the above title at the meeting of the Academy of Sciences, December 7th. The following is his plan of treatment: "I put from twenty to forty drops of perchloride of iron into a glass of cold water, according to the gravity of the disease and the age of the patient. The patient must drink a swallow (about two dessert spoonfuls) every five minutes while he is awake, and every quarter of an hour during sleep. Immediately after each dose, a swallow of cold milk without sugar should be given. This treatment must be continued with regularity for several days, without respect to sleep for the first three days. Experience has taught me that it is only at the end of the third day that false membranes begin to soften and be detached. This solution of perchloride of iron ought always to be administered in a glass or porcelain vessel, so as to avoid the decomposition which takes place when it comes in contact with metal. I forbid all drinks and nourishment susceptible of decomposing the iron. In general, during the first three or four days, I do not give anything but the solution of perchloride of iron and cold milk. Local treatment is secondary, and may even be entirely omitted. The internal treatment is sufficient in the greatest number of cases. Administered from the beginning of the disease, this medication will cure the oftentimes without an operation. If the progress of the croup is very rapid, or if the medication has not been given until an advanced period of the disease, tracheotomy may become necessary, but the perchloride of iron should be continued, for it is it alone which will cure. Of thirty-nine cases, during the first three days thirty-five have been cured; two cases only have required tracheotomy, from the beginning of the treatment. It was continued scrupulously, and a cure resulted in the two cases, in spite of the gravity of the disease, as the diphtheritic membrane had invaded the bronchia to a great extent."

4. History of a Case of Progressive Paralysis, Localized in the Muscles of the Tongue, Pharynx, and Orbicularis Oris Muscle, Ending in Death. By Dr. Costilhes, Physician to St. Lazare Hospital. Read before the Medical Society, Paris.

The disease which I am about to describe, unrecognized a short time since, has been the subject of a very complete monograph, by M. Duchenne, of Boulogne. It was in 1853, for the first time, that our

confrère had the opportunity of observing this grave disease, with Prof. Chomel. Since that time, fifteen cases have been studied by him, in which number the one I am about to describe is included. However, I owe it to truth to say that Dr. Duménil, of Rouen, published in the *Gazette Hebdomadaire* (24th June, 1859,) a history of a case of paralysis of the tongue, of the veil of the palate, etc., but it was complicated with a progressive, fatty, muscular atrophy. It was a complicated case. The one which I am about to give is not complicated; it will serve as a *type*, and resembles those of M. Duchenne in all points. Although this disease is fatally mortal, a day will come, perhaps, when the diseases of the nervous centres, more known and better studied at their beginning, will no longer be, as at present, beyond our therapeutic resources.

Madame T., forty-two years of age, of more than average size, apparently possessing a good constitution, mother of two healthy children, has been for more than fifteen years a winder of wool at Chantilly. This employment, seemingly, is too severe for a woman. In May, 1858, she was attacked with an intense ophthalmia, which lasted a month, accompanied by watering of the eyes. This disease returned three months afterwards. Was this already the beginning of this grave disease, or the commencement of an exophthalmic cachexia? I can not say. She was forced to quit her business and come to Paris, where she became a laundress. The first symptom which astonished the patient was the difficulty of deglutition, and not of digestion, as she thought. At the same time, in January, 1860, she was seized with difficulty in the articulation of words, and with nasal articulation. These two phenomena having increased until February 15th, her husband became uneasy and decided to consult a physician. He called on one of the physicians of the hospitals, but failing to examine her with the care necessary for such a case, he contented himself with ordering two bottles of Seidlitz water, to be taken in three days. The first two glasses having been rejected by the nose, she refused to take any more. It was at that time, February 18th, that her husband asked me to see her. The following was her condition: General loss of flesh; pale, discolored skin; eyes prominent, as in the exophthalmic cachexia; face pale, excepting the cheeks, which were slightly colored. Her general functions seemed natural; her menses were regular, habitually. She complained since January (about six weeks) of an intense pain in the inciput and occiput. When she walked, her legs vacillated. I was struck with the singular attitude of the body. In walking, the



patient forced herself to keep the sacro-lumbar muscles straight, by holding her neck stiff behind while her head fell over in front. The tongue large and flat; it is fixed behind the inferior dental arcade. A thick saliva, thready and abundant, flows from the mouth. She soils several handkerchiefs or napkins every day, or fills a basin almost entirely full. When she desires to speak, she talks through her nose so much that it is difficult to understand her, especially when the words commence with the letters *b* and *p*; but on closing her nose, she can blow out the light of a candle and articulate syllables; and as there is, really, with her a deficiency in the contraction of the lips, she can not equally pronounce the vowels *o* and *u*; she can not whistle. She moves the tongue laterally, and depresses it with a good deal of pain. She can not carry the tongue towards the palate, even with every effort; the palatine letters can not be pronounced. The tongue is sensible to the touch. The uvula is deviated to the left side, but the veil of the palate is insensible to such a degree that it may be touched without causing nausea; deglutition is painful and difficult; when she masticates, the alimentary bolus remains between the dental arches and the cheeks, and does not pass to the pharynx to be swallowed. I also noticed that there was a certain interval between every effort of swallowing, and that liquids often returned by the nose. I will add that her sleep is disturbed regularly by an obstinate cough, occasioned, without doubt, by the accumulation of saliva in the fauces, as she expectorates a large quantity of thready mucus, which greatly relieves her. In these paroxysms of dyspnoea, she feels as if she would die. Excepting the sense of taste, which is a little blunted, the other senses appear intact. The dynamo-muscular power is diminished one-half; the urine is normal, and presents nothing on analysis, as by heat, nitric acid and potassa. Reasoning from effect to cause, I have asked myself if it was not a disease of the spinal marrow, as a tumor or an atrophy of this part. Unfortunately, pathological anatomy has not yet enlightened us on the subject of this affection.

M. Duchenne, of Boulogne, who has observed fifteen such cases, comprising mine, has not been able to make an autopsy. Whatever the nature of the disease was, the following treatment was carried out: Morning and evening six grains of iodide potas. dissolved in water; an infusion of quassia was given for some time, followed by quinine; two pills every second day, composed of aloes, calomel and jalap; regimen tonic; to keep out of bed and to take as much exercise as possible in her chamber. After four days of this treatment, a sensible improvement was manifest, followed by a slight relapse. I then ap-

plied a large blister to the nucha, which was kept open. Finally, after alternations from better to worse, and having informed the husband of the grave state of his wife, I demanded a consultation with M. Duchenne (of Boulogne), so as he should make a physiological and electro-physiological examination of the muscles which preside over deglutition. With his electric apparatus he noticed a paralysis of the elevator muscles of the tongue (stylo-glossus), those of the pharynx and veil of the palate. The genio-glossus and hyoglossus were not paralyzed. The muscles of the face and the orbicularis of the lips were sensible to the electricity. We agreed to continue the iodide of potas., and to add to it a mercurial preparation (proto-iodid hydrg.), if by any chance the disease might be owing to a syphilitic poisoning. For six or seven days she appeared to do well under this new treatment; but very soon she was seized with paroxysms of suffocation, more and more intense, every time that she swallowed any liquid; the difficulty in articulating became more and more marked, and during the night of April 14th, 1860, she died in a syncope, preserving her intelligence until her last breath.

Such is the history of a disease which, in less than four or five months, and without any known cause, produced the death of our patient in a syncope occasioned either from deficient nourishment or from the weakness resulting from the expectoration of so great a quantity of saliva. This last cause, upon which M. Duchenne has not perhaps insisted sufficiently, is capable of hastening the fatal end.

This affection differs essentially from general progressive paralysis. This latter, which we often see, advances slowly in the great majority of cases, and is much more frequent; while progressive paralysis localized terminates fatally in a variable time, from five months to three years at most, the longest time which M. Duchenne has observed without any sign presenting itself which could enable him to foresee the imminence of this cruel disease, on this occasion. I will only say, that, according to M. Baillarger, the delirium of great men, and that of hypochondriacs, can, a long time before it breaks out, enable us to prognosticate general progressive paralysis. Even more: M. Briere de Boismont, from numerous observations, and from certain perversions of the moral and affective faculties, has been able to foresee its imminence six or seven years before the explosion of the insanity. As regards the diagnosis, I will remark that this paralytic affection of the mouth has been treated by the most distinguished physicians either for a stomatitis or angina, or a pharyngitis, and yet a simple local examination, aided by an electro-physiological examination, of the muscles

which preside over deglutition, would have dissipated all errors in the diagnosis.

I should like to say a word as to the seat and nature of this disease, but in the absence of necroscopic examination, hypotheses alone being advanced, I believe it more prudent not to hazard any opinion before pathological anatomy shall have spoken. The injured nerves appear to be the great hypoglossus, the motor branch of the fifth pair which is distributed to the palate, the motor fillets of the orbicularis oris, and perhaps the pneumogastric, according to M. Duchenne. As to the treatment, we may consider all the means which have been used as negative, even the local *faradization*, which, as the other agents employed, seemed to have produced, in almost all cases, an amelioration which did not continue.

---

### Correspondence.

---

BOSTON, MASS., January 9, 1861.

MESSRS. EDITORS:—The report of the City Registrar, Mr. Apollonio, for the year 1859, has just been issued in a neat pamphlet form, and I find the statistics arranged and discussed in a thorough and conclusive manner. Some items from this report may not be uninteresting to your many readers.

The number of children born during the year 1859 was 5,895, an increase of 298 over the previous year. For the last five years, the average has been about 5,822. The births were in the ratio of one in 30.53, according to the estimated population; while in Philadelphia, for the same year, the births were in the ratio of one in every 38.43. The number of males born exceeded the females by only 107. Fewer births occurred in the spring months, while the largest number occurred during the autumnal months. The number of twin births was 36, three less than were returned the previous year. In fifteen instances, both children were females; in thirteen, both were males; in the remaining eight cases, there was one of each sex. Of the parents of the children born last year, only 1,725 fathers and 1,414 mothers were born in the United States. The number of colored children born was 46, an increase of 22 over the previous year. Still the mortality of this class of our population has been, for the last five years, largely in advance of the births, the number of the latter being 183, during this period, while the deaths have been 325. It is evident that this race among us is doomed to a speedy extinction, unless sustained by outside acces-



sions. Ward Two is the most prolific of children ; and another curious fact is that, although exposed to the most of our "east winds," it is the healthiest ward of the whole, according to the population, and the deaths from phthisis are *less* than in any other ward, with the exception of Wards Four, Five and Nine, the least populous of the twelve wards. 292 still-births were reported, 177 males and 104 females.

During the year 1859, there were married 2,481 couples, an increase over 1858 of 326 couples. Still it is 647 less than the number married in 1854, when the population was at least 20,000 less than its present estimation. During the period of the last five years, the number of *first* marriages of both sexes has regularly decreased, while the *second* marriages have remained about the same. From these facts, and others, the Registrar draws an *unfavorable* influence in regard to the morals of the city. Of the grooms, only 10.60 per cent. of the whole number were born in Boston, and of the brides, only 14.87 per cent. The number of instances in which Boston-born grooms married city brides was only 115. The number of grooms born in the United States was 44.21 per cent., and of brides 42 per cent. There were 1,384 foreign-born grooms, an increase of 192 over the previous year ; and also 1,439 foreign brides, with the same increase of 192. There were 52 male minors married, the youngest a lad of 16 to a lass of the same age. There were 58 females married under 18, seven of the number being only 15 years of age. One miss of 17 wedded a ripened man of 58. Several other cases are given of nearly like extremes. One bride of 25 was borne off a willing captive by a *juvenile* groom, who had long before seen his three-score years and ten. Some brides were largely in the ascending scale of years over their "lords." There were 37 colored couples married, and in 11 instances the grooms were colored and the brides white. One couple were deaf mutes. One lady was led to the altar for the fourth time.

The number of deaths for the year was 3,738, 102 less than in 1858. For the last ten years the number of deaths has decreased, which may be owing in part to the excellence of our sanitary police. The average age of the deceased was 23.77 years. The average age of those native-born was 29.28, and of foreign-born 20.78. The number of colored deaths was 58 ; average age is 26.77, three years above the average of the whites. Among the most prominent causes of death, I will name a few : there were 143 deaths from accidents ; apoplexy, 55 ; cancer, 46 ; cholera infantum, 243 ; consumption, 739, or 19.77 per cent. of the mortality from all causes—309 were males, and 430 females ; convul-

sions, 68 ; croup, 84 ; dropsy, 103 ; dropsy of the brain, 154 ; typhus fever, 74 ; scarlatina, 142 ; pneumonia, 191 ; small-pox, 156, etc. There were 23 deaths from premature births. August and September seemed the most fatal months to children.

A State law went into effect in June last, requiring physicians to certify as to the cause of death. This will make future reports more authentic.

The report of the superintendent of the Rainsford Island Hospital, just submitted to the Legislature, states that the whole number of patients treated during the year was 968, of which 158 were for small-pox. There were 92 deaths. From the unusual number of cases of delirium tremens, the physician finds unmistakable evidences of *drug poison*, and suggests the necessity of some legal enactment to prevent adulteration, if the sale of liquors is to be continued.

At a recent meeting of the New England Historio-Genealogical Society, Dr. Winslow Lewis was elected President, with Vice and Honorary Vice Presidents from most of the States of the Union.

A new Obstetrical Society is about being formed in this city.

An Infant Nursery has been opened within a few days, for the care of infants of poor mothers, who are obliged to go out to service during the day. The children are carried to the institution in the morning by their mothers, and are left till night, when they return to claim them. Competent nurses act as custodians during the day.

Scarlatina is rather prevalent now, with some cases of mild diphtheria. Tracheotomy is growing more in favor in croup, from the success it is now meeting.

E.

---

ST. PAUL, IND., December 21, 1860.

MESSRS. EDITORS :— In your September number, page 612, No. 14 Editorial Selections, is a case “by W. Thomas, M.D., from the *London Lancet*,” of a foetus, at birth, being completely enveloped in an impervious sac, which required rupturing to disengage the placenta and foetus ; which is of course extremely unusual, yet a similar case occurred in this vicinity, in 1858. Mrs. H., aged 25, in her fourth accouchement, gave birth to a female child, after a protracted labor of twelve hours, the child and placenta being completely enveloped in a sac of such elasticity as to require the use of a cutting instrument to rupture it. During the latter portion of gestation, the mother was unusually troubled with sickness of the stomach, and during labor excessively so. The mother and child both did well, and are still living.

A. L. UNDERWOOD.

### Errata in Prof. Delamater's Last Article.

---

MESSRS. EDITORS:—I beg to say to the readers of your journal, that by accident the corrections which I wished to make in the section of my deposition for the Fisher Case, which was published in the number for December, did not reach the editor until after that number was printed; and that I deem them of sufficient importance to call for an errata. The following are the principal changes proposed, viz.:

On p. 322 strike out all of the text from the end of the 8th to the middle of the 22nd line from the top, ending with the word *deprived*, and read instead, "Such a view of the modes of uterine action seems to be confirmed by critical observations made by John Christie, M.D., and published in the *Edinburgh Medical Journal* for December, 1858. I quote from the *British and Foreign Med.-Chir. Review*, January, 1858, New York issue: 'The mode in which the uterus acts to expel the child is still a subject of controversy. Dr. Christie, who has made numerous careful observations during labor, by keeping a finger in the os uteri, the other hand on the fundus externally, denies altogether the accuracy of Wigand's view, adopted by E. Rigby and Tyler Smith. He denies also the peristaltic nature of the contraction. He says that the whole organ is in contraction simultaneously. So far from the contraction beginning at the cervix, as Wigand says, Dr. Christie describes as follows the order of events that constitute a true pain: First, the fundus contracts; secondly, the contraction, which every instant becomes stronger in the fundus, passes into the body of the uterus; thirdly, terminates by becoming manifest in the cervix. Coincidentally with the beginning contraction of the fundus uteri, the bag of membranes begins to be distended; and this, wrongly construed, it is which made Wigand and others to imagine that the head at first rises. This, Dr. Christie says, can not occur, because the persisting contraction of the fundus presses the head down.'

"Coinciding with Dr. Christie's observations on the mode of uterine contraction in labor, are some observations made by myself in reaction of the organ after extreme inertia with flooding; the hand being introduced and retained within it until its reaction was established. In all these instances the reaction, when it took place, was sudden, always commencing at the fundus and extending successively to the body and neck, in such a manner that every part of the organ was rapidly brought into simultaneous action. And furthermore, in a pretty extensive practice of midwifery for a period of fifty-four years, I have



had occasion, in numerous instances, to introduce the hand within the uterus in all practicable circumstances, without ever once perceiving anything like a vermicular or peristaltic action in the movements of that organ. I feel, therefore, a strong conviction that Dr. Christie's views, as above quoted, are entirely just.

"It is to be specially noted that in the process of inversion, from the moment that the fundus is fully depressed into the body, it has, itself, become passive in regard to its further intrusion within that organ; from that moment the uterus must be, in reference to any power to urge the intruding body onward, as if wholly devoid of its fundus."

On p. 327 strike out all after the word *fibres*, in the 8th line from the top, terminating with the word *side*, in the 11th line from the top, and insert, "attached by one of their several extremities at the neck, and by the other to different points of the organ, above as high as the fundus, and perhaps to the top of the fundus itself."

On p. 328 strike out all beginning with the word *and*, in the 11th line from the top, and terminating with the word *viscera*, in the 21st line from the top.

After the words *Quackenbush's Hypothesis*, 21st line, read as a foot note, "Which see in the number of this journal for November, p. 279."

---

### Uterine Hæmorrhage.

---

MESSRS. EDITORS.—In a recent number of your valuable journal I noticed a case of post-partum uterine hæmorrhage, by George Mendenhall, M.D., of Cincinnati, which reminds me of a remedy I have long been in the habit of using in all cases of uterine hæmorrhage, whether from abortion or from placenta prævia, or from whatever cause, whenever it has assumed the passive form. In all these cases the flooding is kept up from atony of the uterine vessels, and hence the first object of the practitioner should be to restore the healthy tone to the weakened vessels. With this object in view, I have, for some years past, resorted to the use of sulphate of quinia in brandy, as soon as the pulse begins to flutter, or evidence is given of approaching syncope. Formerly, I have used the pulv. opii and acet. plumbi, in these cases, and I believe without doing injury; but for quite a number of years I have given the quinine the preference as being more safe, and certainly more efficient. In regard to the mode of administration little need be said. It may

be given in doses of two or three grains in half an ounce of brandy, and repeated every ten or fifteen minutes, until reaction is produced and the hæmorrhage is arrested. In connection with this a few spoonfuls of chicken tea, or other weak animal broth (deprived of fat), will add greatly to the comfort, and expedite the recovery of the patient.

Truly yours, L. A. HAMILTON.

CHARITON, O.

---

## Reviews and Notices.

---

*Memoranda Medica*; or, Note-book of Medical Principles. Being a concise Syllabus of Etiology, Semeiology, General Pathology, Nosology and General Therapeutics, with a Glossary. For the use of Students. By HENRY HARTSHORNE, A.M., M.D., Prof. of Theory and Practice of Medicine in the Medical Department of Pennsylvania College, etc., etc. Philadelphia: J. B. Lippincott & Co. 1860.

This is a little work of one hundred and ninety pages, which fulfills all the author claims for it, in letter and spirit. He tells us in the preface that "it aspires, therefore, only to a position *intermediate* between the professor's skeleton synopsis, or syllabus, and the elaborate treatise or text-book. The opinion may, however, be candidly expressed, that there is a need rather for *small* than *large* books, for the student's use during the over-busy period of his attendance upon lectures."

In this latter opinion we entirely agree, and with this view and opinion, the book will be prized by all students, but especially by those who attend the course of the author. The book is divided into four parts, devoted to as many subjects, as follows: Etiology, Semeiology, General Pathology, Nosology, General Therapeutics. Under these various heads the author, on every page, gives evidence of being a sound Pathologist, an able practitioner, and a man well acquainted with everything connected with the theory and practice of the science and art of medicine. The part devoted to general therapeutics is especially deserving of attention. The author is no extremist, and is free from the evil and error of so many pathologists — of being led away by a single theory or idea.

We should be glad to give our readers some extracts from the book, but space prevents. We can not, however, resist giving the closing maxims of the book.

- "1. All pathology is but the physiology of organic perturbations.
2. Never interfere actively in disease without a distinct object.
3. Act

only on scientific reason, or well-defined experience. 4. Treat the cause of the disease whenever it is possible. 5. Watch always, and treat, when requisite, the conditions of the patient. 6. Avoid especially routine treatment according to the names of diseases. 7. Use no violence with self-limited diseases. I believe that a sound 'theory of medicine' may be expressed in a single paragraph, thus: Physiological optimism is the aggregate tendency of all the forces of the living organism under the controlling influence of the *vital force*. But the *best possible* result, in a given case, may, from its conditions and circumstances, fall far short of *health*. Medicine, then, is to furnish or supply *those conditions which under natural laws allow or promote the best result.*"

We cordially recommend this book to all students of medicine, and we feel sure that it will not be read by practitioners without benefit. The paper and printing are excellent, and is a credit to the publishers.

For sale by Rickey, Mallory & Co., Cincinnati. Price 75 cts.

---

*Introductory Lecture on the Opening of the Session of 1860-1*, in the Medical Department of the University of Pennsylvania. Delivered October 8, 1860, by JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy. Published by the Class.

There is nothing in this lecture above the ordinary average of such productions. It is chiefly taken up with advice to the class as to the necessity and method of study.

---

*Quackery Unmasked; or, a Consideration of the most Important Empirical Schemes of the Present Time, with an Enumeration of some of the Causes which Contribute to their Support.* By DAN KING, M.D.; Fellow of the Massachusetts Medical Society, etc., etc. New Edition. New York: S. S. and W. Wood, Publishers.

This is a book of three hundred and thirty-four pages. Its title sufficiently exposes the objects of the author. It is written for the public, and is intended to counteract and remove the erroneous opinions of that portion of people who follow the various systems of quackery. The author we judge to be a man of learning and ability, and we regret that he should have wasted his time. There is a large number of people who like to be deluded; they can not understand the truth; nay, more, devoid of common sense, they are unable to appreciate it in others. They realize and prove the truth of Dean Swift's definition of happiness, viz.: "True happiness consists in being well deceived." The only way to treat them is to let them alone, and to refuse all discussion with them. Every man in our profession can do much better by trying to elevate the profession, in supporting the code of ethics,



raising the standard of medical education, and endeavoring to keep himself on a level with the progress of the science, than writing books for quacks, or people who follow them.

For sale by Robert Clarke & Co., Cincinnati. Price 75 cents.

---

*An Introductory Lecture*, Delivered in the Medical College of Ohio, Session 1860-1, by M. B. Wright, M.D., Professor of Obstetrics.

After ten years of retirement, (we suppose we do not stretch the truth when we say, *involuntary*,) we have this lecture as the first word from Prof. Wright. Ten years is a good deal in a doctor's life, when we consider that the average of a physician's life is only forty-five. The most of physicians learn a good deal in ten years. The author of this lecture, we must say, judging altogether from this production, fails to give evidence of having strengthened his mind, either by observation or reading. We must say that we expected something different from one who had been ten years on the retired list. The lecture is made up of commonplace generalities, the author announcing at the start that he did not propose to confine himself to "any branch or special subject in medicine."

It has been difficult for us to understand how the lecturer was equal to the task of delivering some passages, as the following: "But when you have before you an institution that has long withstood the assaults of enemies, and blunted the tooth of malice as it was gnawing into her vitals, and she still stands forth in full proportion, with all the majesty of conscious power, why will you not unite your destiny with hers, and look into the far future without dismay?" The innocent students, we presume, did not know that the Professor spoke from sober, if not bitter experience; that the school has had no more bitter or unrelenting enemy for ten years than this same Prof. Wright. He opposed the school in season and out of season, and, if we are not mistaken, his former curses, like chickens, are coming home to roost. We pass on to the following: "During this period, while *outside* opposition was loud, active and malignant, all *within* was peace, union, energy; and with such combination at the present time, there can be no such word as fail." The Professor alludes, we should say, to the time when he held a place in the school. It is surprising to many in the profession, in this city and surrounding country, to hear, or even to read, such effrontery. The truth is, there was no peace in the school during the whole ten years that our lecturer was in it, and for this reason, in addition to others, the Board

of Trustees gave him leave to retire. The declarations of some of his former colleagues to this effect are known to not a few in this city.

Two or three pages of the lecture are taken up with a eulogy of Professors Drake, Harrison, Shotwell and Locke, former colleagues of the lecturer. It would have been well for the reputation of the Professor, in the estimation of those who are familiar with his course to those deceased colleagues, if he had omitted all mention of their names. Probably these brief notices of them may be some slight atonement on his part for past offences against them during their lives. We hope so.

We come, however, to a very refreshing passage: "By the union of the College and Hospital much good was anticipated, and much has been accomplished." It is only necessary for us to state, what is known to all, that for ten years this consistent gentleman has been trying to sever the connection between the College and the Hospital; he has lobbied in the Legislature, in the City Council; he has denounced the connection in the public journals, in medical meetings, and even on the stump, during the late gubernatorial canvass of the State. For ten years he thought the medical control exercised by the College over the Commercial Hospital was "a blind, misguided and destructive monopoly;" now that he has become a Professor again in the College, he thinks "much good has been accomplished" in the Hospital by the College.

Our space will not allow us to follow out general thoughts suggested by this lecture. One thing we are sure of, after reading it: that "honesty is the best policy;" that the cunning trickster, and he who lives on sham and deception, will surely live to find his life worse than vanity.

---

*Early Pregnancy.*—A case is related by Dr. Blane, of "a girl about fourteen years of age, (not married,)—she had no appearance of puberty; no mammæ; pubic region that of a little girl; vulva more spare than I ever knew in any case; and yet she was delivered, after a natural labor of four hours, of a fine healthy-looking boy, weighing nearly ten pounds. The child has, of course, to be nourished artificially.—*Transact. State Medical Society of N. J.*

## Editor's Table.

---

*The Commercial Hospital of Cincinnati.*—A movement is now on foot to sever the connection existing between this Hospital and the Medical College of Ohio. When the Legislature granted the charter to the College, it also made it the duty of the Faculty to render all medical and surgical service to the Hospital, for which the Faculty had power to introduce students to witness treatment and operations. The College has therefore had exclusive medical control of the Hospital. For some years, much dissatisfaction has been expressed at this arrangement, both in and out of the profession. It has been deemed to be a monopoly, unjust to the profession, to the Hospital, and injurious to the College; while the City Council has been, and is still, opposed to erecting a new hospital building, so long as the College continues to exercise its present power.

Some years since, the (then) Faculty of the College conceded the right, or privilege, to the Directors of the City Infirmary, to sell tickets to the clinical lectures to students of other schools. The Directors continued to exercise this grant until the beginning of the medical course of this winter, when they were deprived of the privilege by an injunction granted by the Superior Court, at the instigation of the present Faculty of the College.

The students of the Cincinnati College of Medicine and Surgery, therefore, petitioned the City Council for relief, or, in other words, asked the Council to grant them the privilege of attending the clinical course at the Hospital. This petition was referred to a special committee, whose printed report we have before us. The report was adopted by the Council, as also a resolution authorizing the City Solicitor to urge the Legislature to sever the connection existing between the College and Hospital, and place the Hospital under the exclusive control of the city. We heartily endorse the report and the resolution. The idea and necessity of having clinical lectures delivered in the Hospital to all students, of every school, is fully and ably set forth in the report.

The present Hospital was originated by the late Dr. Daniel Drake, who also applied for the charter of the Medical College of Ohio. The Legislature no doubt performed a wise act, at that time, both for the Hospital and College, in giving the medical and surgical service to the Faculty of the College. In 1821, when the Hospital was incorpo-



rated, Cincinnati was a very small town, and the profession was also small and unable to attend the Hospital without compensation. But now, in 1860, matters have changed in several respects. We have a large profession, many of which are well qualified to take charge of the Hospital, and are willing to do so. At present the exclusive medical control of the Hospital is a huge monopoly, inconsistent with the spirit of our institutions, and insulting and grievous to the profession. It is a monopoly, for the reason that the profession who are tax-payers in the city are excluded, and impliedly are told that there is no one in their ranks equal to the task of attending it. Still more, it is a monopoly in that men are brought to the city and elected Professors, and become immediately physicians to the Hospital, an institution to which they have never paid one cent of tax. That such men are better physicians and surgeons than those who enjoy the confidence of our first citizens, is not for one moment to be supposed. As an instance in point, two members of the present Faculty are not residents of the city, and another one has never practiced medicine; so that we have four physicians only to attend such a large establishment as the Commercial Hospital. It must not be forgotten that this Faculty has to give the course of instruction in the school during the session, attend the Hospital—and every intelligent physician is aware how much time is required, if the service is well done,—and after this, attend to their private patients. Will any one say that any set of men are equal to this? We, for one, speak from experience, and say they are not. We had occasion to express the same opinions, some two years ago, in this journal. We favor the separation of the Hospital from the College, for the reason that the City Council will not erect a new building until the Hospital is placed under its control. We do not think there is any one who will say that a new building is not imperatively demanded. We think every Hospital should have its medical staff unconnected with any or all schools.

We propose, that the control of the College shall be removed by the Legislature, and that it shall be placed under a board of six or nine Governors, to be appointed by the City Council or the Superior Court, or both. To take the management of the Hospital out of politics and prevent any corruption, we shall urge on the Legislature the propriety of making the office of Governor of the Hospital one without salary. It is a shame that any set of men in this day, and in this large city, should receive one cent for dispensing the charity of the Hospital.

When this board shall be organized, we shall urge on it the appointment of three or four physicians, the same number of surgeons, an

obstetrician, an oculist, and a pathological anatomist. With this arrangement, daily clinical lectures on medicine and surgery could and should be given. The Hospital would have a staff, different from what it is at present. Now there is but one surgeon, a state of affairs which does not exist in any other Hospital of its size in the world. When a new building is erected, there will be two lecture rooms, and then students can have the choice of hearing a clinical lecture on medicine or surgery, as they may see fit. But we hear the objection, how are you to find time for daily clinical lectures? Let the visit of the physician and surgeon be made at  $7\frac{1}{2}$  o'clock A. M., and the service and lecture continue till  $9\frac{1}{2}$  A. M., and thus every day can the student have most important instruction—that at the bedside.

Under this arrangement we will have what our advantages so well merit—a large number of students. We have a hospital crowded almost constantly, and if it was twice the size of the present building, it would be filled with patients. The Directors are forced to send many patients to the Infirmary, located seven miles from the city, for the reason that there is not room enough in the present hospital building. Indeed, at the present time, there are over two hundred persons in the Infirmary, many of whom are subjects for the Hospital, and deserve the careful treatment and nursing of that institution. We do not make over-estimates when we say, that, if the city had a building large enough for hospital purposes, it would be occupied with more than three hundred patients constantly. What a field for clinical instruction! Is there another city in the West with such an amount of material? We certainly say that clinical instruction and observation, in their large and full sense, are worth more to the student than a didactic course of lectures. Let us, then, have the Hospital separated from the College, and organized with a staff of physicians and surgeons who shall deliver clinical lectures daily.

The Medical College of Ohio will be benefited by the change. Its Faculty will be relieved of an onerous and exacting duty, which sorely taxes them, and for which they are unequal, from the great amount of labor incident to their positions.

Just as we are going to press, the following resolutions were passed at a large meeting of the regular profession, held in the Dental College, January 16th.

WHEREAS, The legal connection existing between the Commercial Hospital of this city, and the Medical College of Ohio, by which the latter institution is entitled to exclusive medical and surgical attendance, is a monopoly grievous to the regular medical profession, and fails to carry out one of the most impor-

tant objects of all modern hospitals—the giving of the best and most efficient clinical instruction; and whereas, this control, so exercised by the said College, is preventing and will prevent the erection of a new building, so much needed by the sick, and is at the same time proving injurious to the success and welfare of the College; and whereas, the regular medical profession is desirous of seeing the city occupy the position it so well deserves—the first point in the West for clinical advantages; and whereas, the City Council has authorized the City Solicitor to visit Columbus, and urge on the Legislature the propriety and necessity of separating the Hospital from the College; therefore, be it

*Resolved*, That in the opinion of this meeting the connection existing between the two institutions should be severed.

*Resolved*, That a committee of five be appointed to visit Columbus, and join the City Solicitor in urging the separation of the two institutions.

*Resolved*, That in urging this action on the Legislature, we do so from no hostile feelings to either the Hospital or College, but believe both institutions will be benefited by the change.

*Resolved*, That it be recommended by the Legislature to pass a law, placing the Hospital under a board of five Governors, to be appointed, three by the Superior Court of this county, and two by the Mayor; and that said Governors shall be appointed for five years, one to go out of office every year, and that they shall receive no salary.

---

*Our National Crisis.*—We can not but regard the discussion of politico-sectarian topics in the pages of a medical journal, as an exhibition of exceedingly bad taste. But in critical times like these, when the dark clouds of civil war overhang our sky, and brother breathes deadly defiance against brother, we may be pardoned if we unite in a patriotic deprecation of the evil days which are upon us; and especially may we in all propriety unite in the repeated inquiry, how shall these national calamities affect the great republic of American Medicine? If this glorious union of States shall be dissolved, then, too, shall the fraternity of American medicine be broken up in discordant fragments? God forbid! We trust that whatever future betide the republic, there will be no disunion of the great family of American physicians. As physicians, let us not recognize any platforms of sectional politics or sectional warfare. Though every State become an independent sovereignty, we trust the *American Medical Association* will continue to exist as an enduring and glorious reality. For more than a decade of years of the past its bonds have been steadily cementing the individual friendships of the Association, from Maine to the Gulf, from ocean to ocean. Whatever may seem to be our solemn duties as *men* of the nation, as *physicians* of the nation let us swear that these fraternal relations shall be made perpetual. Notwithstanding the untimely croaking of some of our exchanges, we hope for a day



of deliverance from the national pall that darkens our skies, and hope, too, to have the privilege, as a medical journal, of recording the fourteenth annual meeting of the American Medical Association, next May, at Chicago, as one of the best, most cordial, and most agreeable meetings which has ever convened.

---

*To our Contributors.*—We are again under the necessity of asking the indulgence of our contributors. Many most excellent and acceptable favors have been on file for several months, and still we are obliged to crowd them out for the time. Some of these, most excellent and carefully prepared in other respects, are of such length as to make them very objectionable for our purpose. This is a practical age, a very busy age, and our readers, for the most part, want brief, pithy, practical articles; therefore, we say again to our friends, *condense*, CONDENSE. We are glad to receive the reports of medical societies, but oftentimes the secretaries forward us such a mass of matter, in the way of unimportant discussion and proceedings, that we find difficulty in making room for them. Our pages, even as enlarged, will only contain a definite amount, and in order to afford the most desirable variety in our monthly bill of fare, we must oftentimes delay papers that we should be glad to lay at once before our readers. Our correspondents will, however, please accept our sincere thanks for their kindnesses. We probably have the largest list of contributors of any American medical journal, as there are few that have so many readers; for all this we are sincerely appreciative and proud.

---

*New Medical Journals.*—The *Berkshire Medical Journal* is the title of a new monthly of forty-eight pages, the initial number of which has reached us. It is edited by Profs. W. H. Thayer and R. C. Stiles, of the Berkshire (Mass.) Medical College, and is published in Pittsfield, Mass. The appearance of the number before us betokens a capital and vigorous journal. It is printed in good taste, and we take great pleasure in welcoming the *Berkshire Medical Journal* amongst the medical journal family, trusting it may be destined to a long and useful life.

The *Baltimore Journal of Medicine*, edited by Prof. Edward Warren, which we announced as about to be forthcoming, is at hand for January. We like this first number, and cordially greet Dr. Warren, as continuing in the ranks of the corps editorial, which he so well adorns.

*Summer School of Medicine, of Cincinnati.*—This organization will resume its course of medical instruction on the second Monday (11th) of March, with an introductory by Dr. McReynolds. The course will consist of lectures, examinations and demonstrations, to extend through March, April and May, or about three months. The flattering degree of success which has attended these efforts at preliminary teaching, for two or three seasons past, encourages us to anticipate a very profitable session this spring. The Faculty is constituted as follows :

|                                       |                                          |
|---------------------------------------|------------------------------------------|
| Dr. John Davis, Anatomy.              | Dr. E. Williams, Eye Surgery.            |
| Dr. J. B. Smith, Obstetrics.          | Dr. Jno. F. White, Practice of Medicine. |
| Dr. W. H. Mussey, Surgery.            | Dr. E. B. Stevens, Materia Medica.       |
| Dr. W. Clendenin, Surgical Pathology. | Dr. W. H. McReynolds, Chemistry.         |
| Dr. R. R. McIlvaine, Physiology.      |                                          |

The fee for the whole course is \$30. Any of our readers who may desire further information may address either of the above named gentlemen. The lectures will be delivered in the Dental College.

*Beauties of Homœopathy.*—A homœopathic teacher in New York stated recently before his class, that he had cured a lady in Buffalo of a disease not named, with three pills ; “each one containing a minute quantity of sugar and the sixteen-hundredth attenuation of sulphur.” The first pill produced no effect, but the second a very powerful one, and the third cured the malady entirely, to the utter astonishment of the prescriber, who admits that “there certainly could not have been much of the drug present ; in fact, there was very little.”—*Amer. Med. Times.*

The “sixteenth attenuation” of any medicine, prepared homœopathically, amounts to just the one hundred quintillionth part of it in a pill ; and if any one will take the trouble to examine a quintillion a little, he will understand the enormous absurdity uttered in the above.

Another side of the picture was revealed a short time ago by one of the teachers of the Cleveland Homœopathic College. Speaking, in one of his lectures, of “pernicious fever,” he admitted that “our remedies have no power over it,” and he therefore advised his students to *give quinine in full doses, say twenty-six or seven grains*, divided in three powders, or, if necessary, *twenty grains* in one dose.

It is also remarkable, that in the Cleveland City Infirmary, now under the charge of a Professor in the school just referred to, hardly a patient is to be found who has not a good two-ounce vial well filled with medicine.

The *Boston Medical and Surgical Journal* mentions the case of a

lady, whose health came very near being destroyed by the long-continued use of morphia, prescribed, in continually increased doses, for the cure of neuralgia, by a homœopathic physician.

Verily, it is time to change that old deceptive *similia similibus* into some more appropriate motto, and we would propose to replace it by *simia simiis*—"fools fooled by fools."

---

*Bits of Correspondence.*—We take the liberty of transcribing the following items of correspondence from our business letters, on account of the moral which they seem to convey, without special note or comment. The first is from one of our subscribers, who, though a first rate man, and highly esteemed, yet had allowed his arrears to accumulate until it was becoming a serious question whether good-fellowship should any longer withhold the running of our pencil over his name on our mail-book. He writes :

"Gentlemen: Inclosed find *ten dollars*, which I believe will pay my subscription to your journal up to the present date. I hope you will pardon me for not remitting your dues long since; it was my negligence, as I could *just as well have paid for it when it was due as now*. I believe it is characteristic with Western physicians to be slow in paying their debts; the reason, I think, is that it is hard for them to make collections. Continue the journal to my address, as I would not do without it one year for thrice the subscription," etc., etc.

The next we give is from the characteristic pen of Dr. R. R. McIlvaine, of Cincinnati. Inclosing his subscription for 1861, he says :

"Messrs. Editors: Inclosed find payment for your journal for 1861. I make it a point to take all the regular medical publications of my own city, *and pay for them*; and as we are taught by old Dr. Franklin that no professional man, especially no young professional man, can be sure of the future as to his income, I am admonished to observe the golden rule of *payment in advance*. Trusting that all the reputable physicians within the bounds of your circulation are already, or will speedily become your regular subscribers, and that all your subscribers will follow my example, as above, I remain

Your obedient servant, R. R. M."

To all of which we respond a hearty and an honest "amen."

---

—Just as we are going to press, we have received from Messrs. Rickey, Mallory & Co. the new work of Prof. L. M. Lawson, on diseases of the chest. We shall prepare a careful notice of it for our next number. Our readers and the many friends of Prof. L. will be greatly pleased with the book.



*Erratum.*—In the number of this journal for September, 1860—in the Report of the Discussion on Cod Liver Oil in the Academy of Medicine—on page 587, ninth line from the top, the word *will* should read *null*; so as to read, “the claims of its advocates are *null*.”

*The Adams County Medical Society* has published their Constitution and By-laws in very neat style, including the Code of Ethics of the American Medical Association. We are indebted to the courtesy of Dr. B. F. Coates for a copy.

---

## Editorial Abstracts and Selections.

---

PREPARED BY C. A. HARTMANN, M.D.

---

### PRACTICAL MEDICINE.

1. *Treatment of Neuralgia*—Hérard speaks in the highest terms of sub-cutaneous injections of the sulphate of atropine, with the small syringe of Ravaz. A fine trochar is first inserted, then taken out, and the tube, remaining in the wound, screwed on to the syringe. One drop of the solution is injected at a time, followed shortly by from five to nine more. This quantity corresponds to three or five milligrammes of the sulphate, the solution holding thirty centigrammes of the atropine in thirty grammes of distilled water. In twenty-five injections no evil consequences whatever appeared in the neighborhood of the wound, but general symptoms always became manifest in a few minutes: dryness of the mouth and fauces, headache, dizziness, sometimes dilatation of the pupils, disturbance of the vision, nausea. All these symptoms disappeared in less than twenty-four hours. Of ten patients thus treated, three were suffering from ischias, three from muscular rheumatism, two from muscular pains combined with hemiplegia, one from a contusion, one from a facialgia. Relief followed always, except in the contusion; but most of the cases required several injections in the course of a few days. The result was most evident and surprising in the ischiatic affections.—*L'Union Médical*, 1859, 92; *Oesterr. Zeitschrift für Prakt. Heilk.*

The treatment of neuralgia by the injections of narcotics and sedatives has been ably expounded, with illustrating cases, by Dr. A. Rupperer, of Boston. His first step is to determine the precise seat of irritation, to localize the pain. “According to Valleix (*Traité des Neuralgies*, Paris, 1841,) the points from which all really neuralgic pains proceed may be arranged under four heads: 1. The place of emergence of the nervous trunk, for example, the trifacial at the supra and infra-orbital and mental foramen; 2. The point where a nervous twig traverses the muscles to ramify on the integuments, similar to the

parts which are traversed by the posterior spinal nerves ; 3. The point where the terminal branches of a nerve expand in the integuments, as the terminal principal branches of all the cutaneous nerves, among which we may mention the anterior part of the intercostal nerves ; 4. The point where nervous trunks become superficial during their course, as the peroneal nerve.

It would require too much space to give a complete list of all these points, described by Valleix with admirable industry and precision. Fortunately they are easily discovered by going over the affected nerve with the edge of a small coin ; as soon as the starting-point is touched, even during the absence of pain, the distress of the patient clearly indicates where the injection is to be made. Relief can of course only be expected, where the affection is of an idiopathic character, not dependent on disease of the brain, morbid condition of the bones, etc. In such instances, the local manifestation in the conducting nerve may to a great extent be under the influence of treatment specially directed to it, yet this will, for obvious reasons, do little good, if, indeed, it ever proves beneficial at all. The injections used by Dr. Ruppaner are of different strength, one, two, three, or four grains of acetate of morphia being dissolved in one drachm of sherry wine. Of this solution from ten to twenty drops are injected. Œdematous swelling usually follows, accompanied by drowsiness, different sensations all over the body, nausea and vomiting ; but the pain generally subsides soon, and all these unpleasant symptoms disappear in the course of twenty-four hours. Should the sickness of the stomach prove too embarrassing, it may be relieved by the sub-nitrate of bismuth, one scruple in an ounce and a half of the compound infusion of gentian, and half an ounce of mint-water, a teaspoonful every half-hour. Warm hops form a good application to the œdematous swelling.

In all cases where the cutaneous, and particularly the superficial cutaneous nerves have been the seat of the malady, this treatment has answered the most sanguine hopes. Even in cases of long standing, when combined with constitutional treatment, it has given relief, after all other possible expedients have been tried in vain. The constitutional treatment is a principal condition of success. Almost without exception a tonic treatment is indicated, and vegetable tonics are preferable. The sulphate of quinine is usually followed by good results. A tonic course ought to be adopted, with few exceptions, from the commencement of the treatment, going hand in hand with the local applications, which latter should not be resorted to (?) until other remedies have failed. In mild cases, or such of short standing, a solution of the valerianate of ammonia will often do good service, either alone or in conjunction with the injections.—*Boston Med. Surg. and Journ.*

Dr. L. D. Robinson, of New Elizabeth, Ind., in trying to elucidate the ill-understood pathology of idiopathic neuralgia, arrives at the conclusion, that the principal exciting cause is a deranged condition of the blood, with an excess of saline matter over the red corpuscles, which condition is brought about by any debilitating influences, such as anæmia, malaria, etc. A rational treatment ought therefore to

consist of tonics, of which the mineral, and especially the ferruginous tonics are stated to be the most efficacious ; but as a general thing these require to be combined with a vegetable anti-periodic remedy, especially in malarial districts. As a specimen, some prescriptions are given for hemicrania: Chinidine, twenty-four grains ; pulvis an. cap. (so it reads in the original paper ; if it is not an error, for pulvis capsici annui, we are at a loss to determine what it means), five grains ; strychnia, one grain. Make ten pills ; one of them is to be taken before each meal. After using them sufficiently long to break down the paroxysms, they are replaced by the following :

R Quevenne's iron, sixty grains.  
 Quinine,                    "                   "  
 Extr. hyoscyami, forty       "  
 f Pulvis an. cap., twenty   "

Divide into forty pills. Dose : one pill after each meal, and to be continued until completely relieved of debility.

It must not be overlooked, that there is another form of neuralgia, denominated symptomatic, because it is dependent upon a diseased condition of organs connected with the affected nerve, commonly some kind of irritation, for instance nephralgia caused by a calculus in the kidney or ureter. Cases of this kind generally demand depletives and narcotics, especially the latter.—*Chic. Med. Exam.*

Besides the rules laid down above, there is another one never to be lost sight of in the treatment of so many-shaped an affection as symptomatic, or, to use a more appropriate term, secondary neuralgic pain. It is the old truism : *deleta causa tollitur effectus*. If we can remove the existing cause of the pain, the latter will seldom require much attention, unless a too long continued morbid influence has developed the secondary to a primitive affection.

Affusions of ether are believed by Dr. Betheder, of Bordeaux, to be superior to all the methods ordinarily used. He pours fifteen, thirty or sixty grammes of ether on the most painful points, covering them immediately by a small square of linen, which is kept in the closest adhesion to the skin by an assistant. Small quantities of ether are poured on the linen at intervals of about a minute. In recent cases, the relief is stated to be almost instantaneous, and frequently there is no return of the trouble. In neuralgia of long standing the effect is much less certain, but in several cases a cure has been effected.—*L'Union de la Gironde ; N. Y. Med. Press.*

Dr. Jueneau de Mussy has prescribed for three years a mixture of chloroform and aconite against neuralgia in different regions, but chiefly in facial neuralgia, producing sometimes a complete and permanent cure, and always an almost immediate and considerable relief. When the neuralgia appears to be idiopathic, the formula is : two parts of spirit of wine or Cologne-water, one part of chloroform and one of tincture of aconite. The finger, covered with a piece of lint or soft thick linen, is dipped in the mixture and rubbed gently against the gum for a few minutes. When the pain is connected with some organic disease, as a deranged tooth, chronic inflammation of the gums or even superficial necrosis of the bone, the tincture of iodine is



a very beneficial substitute for spirit of wine in the above formula. It is chiefly in neuralgia of the infra-orbitary branch that the application has been successful, but it answers almost equally well in pain of the lower branch, and has been attended with satisfactory results in some very severe cases of supra-orbitary neuralgia, thus showing that the sedative agent may produce its effect, as the irritating one so frequently does, on a part distant from the spot on which it was applied, and even in a different branch of the nerve.—*Med. Times and Gaz.*

Dr. F. P. Bibby found no remedy more beneficial in neuralgias than the iodide of potassium, in full doses. Exciting the secretions and excretions, it may be supposed to act by eliminating the morbid causes, and in this way probably its effect is to be explained in chronic rheumatism, chronic syphilis and other analogous conditions. For the same reason it may be expected to cure neuralgic troubles generally.—*Maryl. and Virg. Med. Journ.*

According to Dr. Th. Roche (*Bullet. de la Soc. Méd. de Besançon*, No. 8) the solution of two or three decigrammes of cyanide of potassium in thirty grammes of water cures neuralgia, if it is superficial and localized. In ten cases of cephalic neuralgia and one of pleurodynia, nine cures were obtained, seven times by the simple and sole application of the topical remedy, and twice by associating it with the internal use of preparations of belladonna. In the two unsuccessful cases the treatment consisted of the external application of the cyanide and the internal administration of the narcotic solanaceæ. The solution seems to act by cutaneous absorption of the salt in the state of cyanide or free hydrocyanic acid.—*Echo Medical Suisse; North American Med. and Chirurg. Review.*

## SURGICAL.

2. *Treatment of Blenorrhœa and Kindred Affections.*—Dr. Morey employed in four cases of gonorrhœa: twenty grains of Herrings & Co.'s extract of India hemp, mixed with a half-a-drachm of sugar of milk, and divided into sixty powders, one of which is to be taken every three or four hours. The success was complete in every case.—*Ogleth. Med. and Surg. Journ.*

The internal use of hemlock extract (*conium maculatum*), as recommended by Dr. Staats, of Albany, has been found of good effect in several cases of acute gonorrhœa, by Dr. A. H. Stephens, of Camden, Ohio. In two cases the lunar caustic, zinc, copaiba and cubebs had failed to suppress the discharge, while the extract of hemlock, given in the form of pills, twelve grains every two hours, proved sufficient for a complete cure in a few days. Where the inflammatory symptoms are very prominent, the treatment is commenced with calomel and compound powder of jalap.—*St. Joseph Journ. of Med. and Surg.*

A combination of vinum colchici and tincture of opium, internally exhibited for a rheumatic conjunctivitis, by Dr. Eisenmann, of Werzburg, turned out accidentally as a cure for a coexisting blenorrhagia. Further experiments by Dr. Eisenmann himself, and Dr. Collin, of

Dresden, have since established the value of that combination against all blenorrhagic discharges. The mixture employed consists of twelve grammes of vinum colchici and two grammes of laudanum. The dose is eighteen or twenty drops, three times a day. Milk was ordered as the principal article of food, and absolute rest was enjoined. Externally, only frequent applications of tepid water. All cases thus treated were cured within a week, and most of them in a few days.—*Bull. Gén. de Thérap.; Brit. and Foreign Med.-Chir. Rev.*

Dr. Diday employs (*Annuaire de la Syph.*, etc.,) in chronic blenorrhœas injections of nitrate of silver into the prostatic glands of the urethra. To effect this, he first measures the urethra by introducing an elastic catheter and gently drawing it back during the flow of the urine. As soon as this ceases, the end of the catheter is in the prostatic portion; at that moment, then, the instrument is marked at the point in contact with the external orifice, and about an hour afterwards the injection is made. For this purpose, the patient stands before the surgeon, holding the penis in a horizontal direction; the catheter being introduced, a solution of about five or ten grains of nitrate of silver in about an ounce of water is injected with a glass syringe, at first one-fourth of this quantity being used. In intervals of half-minutes the catheter is drawn back about two lines and another portion of the solution injected. This may be repeated in thirty-six or forty-eight hours; the abnormal secretion usually ceases in half that time.—*Vierteljahrschr. f. Prakt. Heilk.* Bd. 66.

In acute cases, where only the anterior portion of the urethra is affected, the same author found (*Gaz. Med.*, 1859, 26) one injection sufficient, provided the urethra be previously washed out with water. Three parts of the nitrate are required to one hundred and eighty parts of distilled water, of which solution two drachms should be injected at a time, but not beyond a distance of two inches. The fluid is moved up and down in the urethra by pressure with the fingers for about three minutes, and then allowed to escape. That constitutes the whole treatment.—*Ibid*, Bd. 65.

The alcoholic tincture of aloes (about five drachms diluted with five ounces of water) has been employed successfully against blenorrhœa by S. Gamberini, of Boulogne, and others. Three injections are made every day. The discharge disappears in less than a fortnight.—*Revue de Thérap.; Journ. of Mat. Med.*

Repeated trials have convinced Dr. Gaby, of Paris, that injections of oxyde of bismuth constitute the very best treatment of gleet discharges. Thirty parts are suspended in two hundred of rose water, and so injected as to leave as large a deposit of the salt as possible in the canal. Three injections per day should be employed at first, and then fewer. Urethral discharges unconnected with gonorrhœa, as observed in certain diatheses, in masturbation, venereal excesses, etc., have been successfully treated in this manner. Balanitis, balanoposthitis and herpes præputialis yield rapidly to bismuth applied in powder, after cleansing the part and then covering with cotton. The various forms of vulvar leucorrhœa may be treated with the same agent; after removing the complications, the bismuth acts upon the

discharge like a specific. But it is to be remembered that this remedy is only adapted to chronic cases ; pain and other signs of acute inflammation contraindicate its employment.—*North Amer. Med. Reporter.*

Dr. Weeden Cook endeavors to affirm that copaiba in the treatment of gonorrhœa is not only unnecessary, but in a great many instances injurious. In six thousand cases that have come under the author's care at the Royal Free Hospital, he took advantage of the large opportunities thus offered, to test the different methods of treatment which had been suggested, and now makes the following statements in regard to them. The abortive treatment by strong injections of nitrate of silver has sometimes resulted in inflammation of the bladder, and has proved a failure. Dilutants are slow in their action and not readily employed by persons in active business. Diuretics are scarcely more successful, and the administration of saline aperients is generally attended with an aggravation of the ardor urinæ as well as chordee. The most successful treatment is that by the alkaline carbonates, given with a view of neutralizing the acid in the urine, and thus removing one great source of irritation from the inflamed urethra, whereupon the subsidence of the inflammation is effected by nature. As auxiliaries, especially where there is œdema of the prepuce, lead lotions and elevation of the penis against the abdomen, are recommended. When the inflammation has subsided, and a muco-purulent discharge is left, the speediest cure is effected with injections of chloride of zinc, one, or better two, grains to one ounce of water. In the strumous, the dyspeptic, those of dissipated habits, and old offenders, the alkaline carbonates are not called for, because either the urine is not acid, or the inflammation does not run high. In such cases, the tincture of iron or sulphuric acid and bark, or gentian, or calumba, may be advantageously employed from the commencement. The chloride of zinc is in such cases of the utmost value. Respecting diet, scarcely any restrictions need be enforced after the subsidence of the inflammatory symptoms ; beer or wine in moderate doses may be advantageously used by those accustomed to these beverages.—*London Lancet.*

A very specified treatment of gonorrhœa and gleet has been given in the lectures on venereal diseases, by Dr. F. J. Bumstead, published in the late *New York Journal of Medicine*. For the abortive treatment of the disease in the male adult, he prefers the weak to the strong solution of nitrate of silver, say one or one and a half grains in six ounces of water. This should be injected, at short intervals, until the discharges become thin and watery, and slightly tinged with blood. But this treatment is only adapted to the first stage of the disease. When acute inflammatory symptoms have already set in, or the patient suffers from scalding in passing water, a brisk cathartic is the first thing to be given. If the penis is much swollen, a mixture is advised of bicarbonate of potassa, two drachms ; tincture of hyosciamus, one ounce ; mucilage of gum Arabic, five ounces : a tablespoonful every three hours. As soon as a syringe can be inserted without much pain to patient, an injection is made after every passage of urine with a solution of one scruple of extract of opium in one ounce of glycerine and



three ounces of water. In subacute cases, from half to one grain of sulphate of zinc to the ounce of water may be added. As a local means for the relief of uneasiness, local pain, scalding in micturition, Dr. Bumstead fully endorses Dr. Milton's statements in regard to hot water, as hot as it can be borne. For the third stage of gonorrhœa, injections are pronounced a weapon indispensable to the surgeon. Sulphate of zinc (twelve or more grains in four ounces of water) and nitrate of silver constitute the proper ingredients for these injections. In connection with them, copaiba or cubeb may be administered; the last named either alone or with the former, or, if the case demands a tonic, with iron or quinine. For the relief of the chordee, either lupulin will serve in fifteen-grain doses, or full doses of camphor tincture, or lactucarium and camphor, one grain of each, made into a pill.

In the treatment of gleet, the bowels should be kept open daily with pills composed of half a grain of strychnine and half a drachm of the compound colocynth pill; this to be made into thirty pills, one of which is to be taken at bedtime. As a tonic and astringent, the muriated tincture of iron is usually indicated, and best exhibited in doses of from five to twenty drops three times a day. The tincture of cantharides may, where it is indicated, be combined with the iron tincture, in the proportion of one to three, and ten drops of such a combination will form a dose. Where the constitutional impairment is considerable, quinine may be added. In regard to local treatment, Dr. Bumstead speaks highly of bougies. Except when aggravating the symptoms, they may be passed every second or third day at first, and afterwards every day, or even twice a day. They may also be medicated with gray ointment and extract of belladonna. For injections, sulphate of zinc is preferable, two or three grains to the ounce of water forming the standard of medium strength. This solution should be employed as frequently as the patient is able to pass his water, or every two or three hours. In obstinate cases blisters may be tried.

---

#### OBSTETRICAL.

3. *Induction of Premature Labor and Abortion.*—Three very instructive cases of this kind are reported by Prof. Henry Miller, of Louisville.

Mrs. B., having lost three large and well developed children at the full term, on account of the necessity of resorting to the perforator and crotchet, applied for advice during the fifth month of her fourth pregnancy. A morbid inclination of the superior strait of the pelvis was manifest, giving an unusually low position to the external genitals; but the os uteri could be reached only with difficulty, while it was impossible to ascertain the size of the womb itself, or the presence of any reliable symptom of pregnancy. Two months afterward, however, these symptoms had developed themselves sufficiently to allow a correct diagnosis, and two weeks later the induction of premature labor was undertaken. For this purpose, the uterine douche, so strongly urged in preference to all other methods by the late Prof. Kiwish, was resorted to, the apparatus designed by Kiwish being employed, with a slight variation. To the bottom of a tin box, about ten inches square,

and holding about four gallons, an India-rubber tube twelve feet long was attached by a screw and nut. The tube had a metallic tube, fashioned at the end like the nozzle of a common enema syringe, affixed to its other extremity. Instead of arranging the apparatus to act on the principle of the syphon, as recommended by Kiwish, a stop-cock was adapted to the tube about two feet from its metallic end. To put the apparatus in operation, the box must be suspended on a nail driven into the wall, say nine or ten feet from the floor; the tube is screwed on, and the cock turned so as to prevent the flow of water till it is wanted. The patient takes her seat on a stool placed in a bath-tub to receive the water; the metallic nozzle is introduced into the vagina, and brought in contact with the os uteri. The tin box having been previously filled with water, the stop-cock is turned so as to pour a continuous stream upon the os uteri, until all the water in the box is discharged. Kiwish preferred to use warm water in douching, directing it at first of a temperature upward of 100 deg. Fahr., and afterward raising the temperature considerably higher.

In this way the douche was applied first once, then twice, a day. After three days, the fundus uteri was found lower in the abdomen, the os softened and dilated, but no labor pains. Two days more brought rather a tardy progress, and for that reason, the suggestion of Dr. Tyler Smith was adopted, viz.: to use warm and cold water alternately. During the night of the next day the pains increased sufficiently for the expulsion of the fœtus, and early the next morning the woman brought forth a living child, after a labor of average intensity and duration, and without any aid except that required in every case of natural labor. The woman had a rapid convalescence, uninterrupted by accidents of any kind.

In the other two cases abortion was produced at the fourth month of pregnancy: one on account of a highly contracted pelvis, with an antero-posterior diameter in the superior strait of less than two inches; and again in a lady who had given birth to seven children, but was suffering from the separation of the symphysis pubis and of the right sacro-iliac symphysis, so as to be unable to use her lower extremities for any purpose whatever. In the former case, a second pregnancy, the warm and cold douches were kept up for a month, but utterly failed in awakening the uterine contractions; then the uterine sound was introduced, and allowed to remain in the uterus until pains appeared, which occurred in twelve hours. Seven hours subsequently, the ovum was expelled. The mother recovered.

The uterine sound was also selected for the other pitiable case; but, notwithstanding its being introduced to the depth of more than three inches between the membranes and the anterior wall of the uterus, and its point being turned first toward one side of the uterus and then toward the other, only a slight pain followed, without any expulsive effort. Eighteen days later, the method of Cohen was adopted, viz.: the injection of water between the membranes and the inner surface of the uterus. By means of a silver tube not unlike a male catheter, and a syringe, two and a quarter ounces of warm water were thrown in at noon. An hour afterward, there was a chill, followed by smart fever

and headache. This passed off in about four hours, leaving a dull pain in the hypogastrium and back. In the early part of the night, well-marked labor pains set in, growing stronger toward morning, and expelling the fetus at 10½ o'clock A. M. By means of continuous and gentle assistance, the secundines came away without rupturing the cord, leaving the membranes and all attached to the fetus. In less than a week the mother was sent home, with the advice to wear a leather belt slightly buckled around the pelvis.—*Louisville Medical Journal*.

4. *Mal-Position of the Fetus Corrected by External Manipulation.* The evidence is fast accumulating that the position of the fetus can not only be ascertained by external manipulation, but also corrected by a careful operation. Dr. E. B. Barrett, house-physician at the Bellevue Hospital, New York, reports to the *N. Y. Medical Times* as follows: Mary Ann, aged 17, born in Ireland, was admitted March 19, 1860, in her first pregnancy. Uterine tumor very conical, projecting markedly to the right as well as forward, triangular in shape, with its transverse diameter greatest; os uteri dilated to the size of a quarter of a dollar, and dilatable; membranes very full, projecting strongly from the os, but so tense that no part of the child could be felt, from danger of rupturing them; pains rather teasing. Little or no progress being evident until next morning, an opiate was administered, resulting in a refreshing sleep, after which the pains increased in force and frequency, but with no result save the further dilatation of the os. The previous conjecture that a transverse presentation existed, was rendered nearly certain by palpation. Prof. Barker came to pay his daily visit, at this juncture, and, concurring in the opinion just stated, decided on immediate interference. The patient being brought under the influence of chloroform, the head could be felt through the abdominal walls, in the left iliac fossa, above the pubis; the pelvic extremity of the fetus in the right iliac fossa, and the curve of its back strongly projecting forward; consequently the right shoulder was the presenting part. Cephalic version was decided on in preference to the ordinary method, and Dr. Barker at once proceeded to the operation. The patient being brought to the edge of the bed, in the approved position, he first attempted to elevate the pelvis of the fetus with his left hand, and to depress the head with the right, acting only when the uterus was not contracting. As soon as he had succeeded in changing the position of the fetus, strong pressure was applied over the left iliac fossa by an assistant, while Barker, still elevating the child's pelvis with his left hand, introduced two fingers of the other into the vagina, and ruptured the membranes during a contraction. The waters escaped with great force and abundance, and the head could now be felt in the superior strait. The administration of chloroform was now discontinued. Slight pains, with little progress, followed for fifteen minutes, and as the foetal heart was beating somewhat feebly, it was then deemed necessary to apply the forceps. With them, a male child, weighing eight pounds, was extracted in a partially asphyxiated condition. Respiration, however, was established in a short time. The placenta came away in five minutes, with no more than the usual amount of hæmorrhage, and the mother proceeded to a rapid recovery.



5. *Occlusion of the Os Uteri, impeding Labor.*—Dr. Storer, of Boston, saw, in consultation, a woman who had been in labor several days, and in whom no os uteri could be found. The patient had formerly been treated for ulceration of that part, by the repeated application of caustic. Dr. S. made an incision three inches in length, into the presenting part of the womb. An hour afterward, there being no pains, he opened the head and delivered the child. The woman recovered, and afterward menstruated. In a similar case of obliteration, without pregnancy, Dr. J. H. Bennett made an artificial opening, which he kept open by means of elastic bougies introduced from time to time.—*Boston Med. and Surg. Journal.*

#### DISEASES OF WOMEN AND CHILDREN.

6. *Prolapsus Uteri and Galvanocaustic.*—Prof. Braun recommends the application of the galvanocaustic for the cure of prolapsed womb, referring at the same time to twenty-seven cases in which amputation was performed either with the knife, scissors, the ecraseur, or Maison-neuve's extemporaneous ligature. Dangerous accidents, which can not be avoided in either of these methods, have not been observed when the galvanocaustic was employed, and the latter seems therefore to offer a safe and preferable method of operation. It can, however, be used only in three kinds of cases: 1. Where there is a prolongation of the vaginal portion, without morbid changes in the middle and upper parts of the womb. 2. Where the uterine sound, passing into the womb to a depth of five inches, touches the fundus between the centre and the lower aperture of the pelvis. 3. Where the peritoneal covering of the rectum as well as the urinary bladder can be removed from the os uteri to a distance of an inch and a half. (This is ascertained by a finger passed into the rectum and a catheter introduced into the bladder.) The bloody separation of the bladder from the cervix, as proposed by Huguier, is a highly dangerous operation and therefore objectionable. The use of the protective needles recommended by Simon is not required, when we restrict the application of the galvanocaustic to the indications above given.—*Wien Med. Wochenschr.*, 31, 1859; *Vierteljahrschr. f. Prakt. Heilk.*, Bd. 65; 1860, 1.

7. *Unicorn Uterus.*—Twelve cases have been collected by Prof. Kussmaul (*Heidelberg Verhandl.*, V.) They allow the following conclusions: Menstruation is the same as with a normal-shaped uterus. Sterility is not a necessary consequence of the deformity, but is, when present, dependent upon some other abnormality; for instance, occlusion of the oviduct. The developed horn, as well as the rudimental one, may admit the reception and development of an impregnated ovum; but this will not take place in the rudiment, except when no communication exists between it and the other part. It is probable, however, that this communication is shut up by the pressure of the dilated vessels and the decidua. Women with a unicorn womb and one ovary may give birth to numerous children of both sexes, as observed by Chaussier. This fact destroys the old theory that the sex

of the foetus is dependent upon the ovary. The unicorn uterus does not prevent repeated gestations, and may even retain twins up to the full term; it does not cause abortion, if not combined with other morbid conditions. The impregnated rudimental horn, on the other hand, is always liable to rupture, which usually occurs in the apex. The condition of a woman with a unicorn womb during pregnancy, depends on the individuality. Delivery after gestation in the developed horn has never been attended by particular difficulties. Where the foetus was contained in the rudiment, the case has been almost always mistaken for tubal gestation.—*Vierteljahrschr., ut. supra.*

7. *The Yearly Ripening of Ova* is maintained by Dr. Mattei, (*Gaz. des Hôp.*, 22, 1859,) in opposition to the theory of monthly maturation concurrently with menstruation. He believes that for each ovary only one annual ripening takes place. The months from January to April are especially favorable to this maturation. Its symptoms come on at times very gently, at others they are very painful. The general appearances are: alteration of the voice, sleeplessness, at times neuralgia, prostration, vomiting, frequently palpitation, cough, hoarseness, without material changes in the breasts. The local symptoms consist in a sensation of weight or pain in the abdomen, from the sacrum to the thighs, and especially pains in that side of the pelvis where the lymphatic glands are swollen and tender. There is also heat and excitement of the external genitals. The menstruation is disturbed, frequently more scanty than usual, seldom more profuse; it comes on earlier, attended with nausea. At times leucorrhœa, diarrhœa, dysuria, sympathetic symptoms in the breasts, pains in the ovarian region, nausea, even hysterical cramps; hæmatocele, phlegmone, peritonitis. These symptoms may last for four, twelve, or twenty-eight days, and then disappear, or pass into symptoms of pregnancy or false conception. The interval between the ripening of the ova in the two ovaries varies from four days to five months.—*Brit. and For. Med.-Chir. Review.*

8. *Case of Vicarious Menstruation.*—A German girl, aged 20, had never menstruated normally; but an ulcer on the inner anterior portion of each tibia would break and bleed freely each month, quite regularly, since she was 14 years of age. She had spent much of this time under the care of physicians, both in this country and in Germany; had tried changes of air, diet, associations and traveling, both by sea and land, besides medication, but all to no purpose. Dr. McLaury found her, in August, 1859, suffering from periodic pains, for the correction of which he gave five grains of the iodide of potassa, with extract of conium. For the menstrual derangement, the ordinary pill of aloes and iron, one night and morning. The bowels moving too freely, after three days but one pill a day was ordered. In just eight days from the time she commenced this treatment, she had the first normal menstruation; and the catamenia continued regular ever since, while the sores on the legs healed completely.—*N. Y. Med. Press.*

# THE CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

MARCH, 1861.

No. 3.

---

## Original Communications.

ARTICLE I.

### A Treatise on a Chronal Law of the Pulse.

BY ALEX. MCBRIDE, M.D., BERIA, O.

In 1859, I treated more cases of bilious fever than during any previous year. The cases were mostly in and about a marshy district. In the course of the season I observed that during the principal part of the fever the pulse was, in the men patients, at 96 per minute; in the women, generally higher. This was so uniformly so as to attract my attention; and further observation through the season confirmed the fact that 96 in man and 108 in woman was the standard pulse of the season. In cases where there was gastro-enteria, or gastro-enteric irritation or inflammation, or other special irritation, superadded to the ordinary fever, the pulse rose to a higher point. I further observed, during the same season, that quinine would not interrupt the fever in man, unless the pulse was at or below 72, nor in woman till at or below 84. My observations this season, 1860, have confirmed, accurately, the above, having treated numerous cases of miasmatic fever.

Recently I was struck with the remarkable fact that *those numbers which the pulse usually indicated were exact multiples of 12*, and that the stages of *increase and diminution* were 12; from which I conceived that there must be some exact law of gradation. I began, therefore, a series of careful observations on the pulse of individuals in all conditions, both of health and disease, which resulted in a remarkable confirmation of the conception, and from which observations I deduce the following chronal law:

1st. The number of pulsations per minute in the adult man, in a  
iv.—9.



state of health and repose of body and mind, are 60; of the adult woman, 72. There are a few exceptions, in which they will be found respectively 48 and 60. Both in sickness and health, the corresponding grade of woman's pulse is 12 above man's.

2d. Uneasy attitudes, and various disturbing causes, vary these numbers. The pulse of men, generally, during business hours, and also of women, is often found from 12 to 36 above these numbers; but it is seldom found to remain long on any other point than one of the multiples.

3d. The accidental variations from the multiples of 12 are more common in ordinary health than in fever.

4th. In fever the pulse will always be found, when regular, at 72, 84, 96, 108, 120, 132, 144, 156; above which last point the patient will die, if a woman, and when above 144, if a man. In some exceptional cases the patient will die with pulse not above 108 up to the time of death, or until it is lost. In other cases the pulse will arise to 144 or 156, near the time of death, and then descend with some regularity till lost a short time before death.

5th. The pulse will be found at intermediate points for a brief period during the transit from one point to another, and while the patient is under temporary excitement, either mental or physical; but under permanent or continued excitement it will settle on a regular point.

6th. The lowest grade of febrile pulse in man is 72, in woman generally 84, except in some peculiar typhoid states, when it falls actually below standard. But it is questionable whether fever really exists in such a state.

7th. The pulse of children obeys the same law of gradation by 12, though it is often difficult to keep a child quiet long enough to make an accurate observation.

8th. There are some apparent and probably some real exceptions to these laws; but in by far the most cases, when a pulse is found to vary from these numbers it will settle to the grade above or below in a few minutes, except regular sub-grades, which frequently continue longer.

9th. In persons in ordinary health there will be found more variation when hungry, when greatly fatigued, and after a full meal, than at ordinary times. Excessive use of tobacco, and other causes which weaken or derange the nervous force, cause irregularity.

10th. A pulse of 84 or 96 is not of rare occurrence in persons of ordinary health, during business hours; 72 and 84 are the most common numbers during the day.

11th. In many cases, both in health and disease, the pulse will rapidly increase or diminish in frequency when first manipulated, and in some persons this irritability will continue several minutes, so that it will be found at any irregular point between the true point and the grades next above and below ; but unless there is some peculiar state of health or disease, it will generally soon settle on a regular grade or sub-grade. The regular differences of number between lying, sitting, and standing, are by grades and sub-grades depending upon the nerve force of the individual.

12th. There is a regular *sub-gradation* by six found in persons of ordinary health, while standing, sitting, etc., and in convalescents : these pulses of 54, 66, 78, 90, etc., but in most cases of short duration. There is also a more transient *under sub-gradation* — sixths and thirds of 12, which gives pulses of 58, 62, 64, 68, 70, etc., as high as 154 ; these are all more transient than the regular sub-gradation by 6.

Uneven numbers are of exceedingly rare occurrence. Pulses of the under sub-grades and uneven numbers may all properly be called *transition* pulses.

*Remarks.*—I think the reason we often have pulses reported at irregular numbers is, that they are not *carefully* counted long enough. Example : An error of counting of one in a quarter, or two in the half minute, gives an error of four in the minute ; hence we get 64, 68, 76, 80, etc. An error of one in the minute gives 61, 70, 73, 83, etc., which must generally be erroneous. Another fruitful cause of error is the omission to notice the irregularity of the first ten or fifteen seconds.

Since discovering the facts of the above laws I have not seen much of continued fever ; but what cases I have seen were confirmatory. Phthisis, and diseases of the heart, are obedient to the same laws, but for obvious reasons are more subject than fever to transient variation in time.

I think any one who has carefully observed in continued fever can call to mind particular cases in which the pulse remained for days at some of the numbers given above. The following observations will suggest some reasons why this exact gradation has not been noted by many : Most physicians examine the pulse without counting by a watch ; and many of those who do use a watch count only a minute, or part of a minute, by which means it is impossible to arrive at accuracy. The other qualities of the pulse than its frequency convey different notions of frequency through the sense of touch, to-wit : A

very round and tolerably soft pulse, without jerk, bound, or vibration, conveys the notion of unfrequency; a hard, jerking, bounding, or vibrating pulse conveys the notion of frequency. The particular mental or physical condition of the observer varies his perception of time, viz.: when one examines a pulse when drowsy, or just after rising from sleep, the pulse will seem to him more frequent; when one is in a hurry it will seem slow, and the like. There is only one way to arrive at accuracy, and that is to carefully and for a length of time count by a watch.

The subject is so new that it would be premature for me to attempt many deductions at this time; but if these are found to be the real *time laws* of the pulse, the conclusion is obvious that important hints can be taken from them in *diagnosis*, *prognosis*, and *treatment*. I shall only venture the following

*Deductions.*—I have already intimated that quinine operates anti-periodical, when the pulse in the two sexes are at or below 72 and 84, which are the first fever grades; but I suppose if the pulse, during an intermission, were, in consequence of special excitement, at or above these numbers, the medicine would operate nevertheless. Let it be borne in mind that quinine is an *anti-intermittent*, and not an *anti-remittent*, and then it will be apparent why it operates with a pulse below the first four grades: it is simply because there is an intermission. Then, if this be true, we gain some light on the question of administering quinine in the various forms of continued fever, viz.: we need not give quinine in continued fever with a view to terminate directly the fever, because it is not intermittent. It is continued by some cause over which quinine has no direct control; and this we may know by observing the grade of pulse; and many will save, by observing the rule, a large amount of the medicine, as well as vexation. When we visit our fever patient, and find the pulse averaging below the grade on which it was stationary the previous day, we may

---

NOTE.—I do not court controversy with those who talk of curing bilious fevers with quinine, or of breaking up terrible western fevers by giving the quinine in the high febrile stage: I merely say I can not do it. I know very well that quinine may sometimes, during the paroxysm of an intermittent, and if he does not happen to vomit it up, take good effect during the intermission; but I never found it profitable to either the patient or myself to give it in that way. During one season I made numerous attempts to break up remitting bilious fever with the medicine, given both during the paroxysm and the remission: the result was that a good many doses were wasted by vomiting. I concluded that ipecac was a cheaper and better emetic than quinine, and so left off that kind of practice. However, in some cases of bilious fever, where the patient is comatose, with thick, yellow, brown, or black coat on the tongue, quinine will aid in changing the action.



rest assured that the fever is about abating on grade, at least; if we find it above, we are sure the fever is increasing by a regular amount. If our woman patient has a pulse of 108, we know that she is not more sick than the man with a pulse of 96. If the woman's pulse arises to 144, we do not conclude that she will certainly die; but if the man's pulse arises to that point, and above, we announce to his friends that they have no grounds of hope in the case. This at least is the general rule, and the exceptions are few.

I give below numerical statistics of observations with the prominent peculiarities of each case briefly noted. I give the particulars of such a large number of observations, so that it may be seen that I have not formed my conclusions from a partial or hasty view. While engaged in the observations, I have been careful to note all the cases carefully observed, as well as those which give regular grades and even numbers, as irregular and uneven numbers; and it will be seen, in nearly every case where there is an irregular number, that there was some reason for it. I have not noted the pulses of all the patients visited during the time, because I could not always have time and opportunity to carefully count the pulse long enough to get its true number. Those persons who were examined in ordinary health were sitting, unless otherwise noted; others were in bed, or sitting, as noted. My method of examination is to continue the observation in each case till the temporary excitement, if any exists, abates, and then count the beats from one to five or more minutes, and then immediately note down the result and the particulars of the case. In some cases the first minute gives as true an indication as longer time; but frequently it requires several minutes.

As it is the *chronal law* that I am aiming to demonstrate, no attention has been paid in my notations to any other qualities of the pulse than its *chronal* qualities. In my note-book the cases are nearly all more fully described than in the synopsis; but I deemed it more important to present a large number of cases than to present a few more fully described; for it is the numerical character aimed at solely, and the larger the number of cases presented the more nearly we approach the truth.

As my numbers and facts appear to me conclusive, it only remains for the reader to consider whether my observations have been carefully made and faithfully recorded and published; in proof of which I have nothing to offer but the facts as here stated, and leave it for each person interested to prove by his own observations, which he can do in a very few days, by careful observation.

There will be found a larger proportion of irregular pulses in the city than country, for very obvious reasons.

[Dr. McBride here adds a tabular statement of more than one hundred observations of the pulse, giving in detail the occupation, age, condition of health or disease, etc., etc., of each individual. This table is of considerable length, and we take the liberty, with our press of matter, to crowd it out; remarking, however, that these observations in a remarkable degree confirm and justify the deductions of the essay.—Eds.]

There are carried out in the table 129 actual observations, which give: Regular multiples, 90; sub-grades, 8; irregular, 31. Total, 129. Proportion:  $2\frac{1}{3}\frac{2}{9}$  regular, to 1 sub-grade and irregular.

With a view to further confirm or refute the principles declared in the *chronal laws*, I recently, in November, 1860, carefully made and noted forty-five observations, not one of which was a regular fever: five were on a woman who had nearly died of menorrhagia; three on a boy with atonic hydrocephalus; several were upon persons drinking and smoking, some of whose pulses would of course be irregular; several upon persons who had come in from hard labor, riding, etc., in cold, windy weather; some hysterical, etc., etc. In nearly every irregular case there was some very obvious cause apparent. They resulted thus: Regular multiples from 60 to 132, 23; regular sub-grades from 54 to 114, 13; irregular and under sub-grades from 56 to 98, 9,—the multiples in this medley of cases being one more than half, and the irregular cases one-fifth of the whole. It will also be seen hereby that there are more irregular pulses at this season of the year than in the fever season.

---

ARTICLE II.

**Milk-Sickness.**

Valedictory Address delivered before the New Castle Medical Society, June 9th, 1860.

BY ISAAC MENDENHALL, M.D., ASHLAND, IND.

GENTLEMEN:—Soon after the organization of our society, several members seemed anxious that this subject should be discussed. In order to bring the subject before you, your president appointed at different times a member to read an essay on the subject. They having failed, I thought that I would at least give it a passing notice, and thereby get the opinions of other members.

*History.*—As far as we know, the first notice of the disease was published in Cincinnati, in 1809, and consisted of the observations

of Dr. Barbee, a highly intelligent physician of Bourbon county, Ky., who, on a visit to the upper settlements on the great Miami river, first became acquainted with it.\* Since that time our medical journals have presented a great many papers on this malady; but notwithstanding the ability with which some of them have been drawn up, much obscurity and doubt envelope the malady. Kentucky, liberal in her efforts to relieve the afflicted, several years ago offered a reward for the discovery of the remote cause or causes of the disease; but no one has yet appeared to claim the prize with success.

This disease has been known in the States of North Carolina, Virginia, Tennessee, Kentucky, Ohio, Indiana, and Illinois. I believe it has not yet appeared west of the Mississippi river. In these regions it has been known at different times and different places; but it appears to be more prevalent in summer and autumn, though no season is entirely exempt from its ravage.

I have called this disease *milk-sickness*, from which you will infer that it is a disease produced in man by the milk of the cow, that contains a "peculiar" poison. Prof. Slack terms it *ergodelateria*, and says it is caused by the cattle eating blasted grain. As yet, we have no proof that blasted grain produces the disease. As yet, we are entirely *ignorant* in regard to the cause of the *malady* in the gramnivorous animals: man generally receives the poison by using the flesh, milk, butter, cheese, etc., of the gramnivorous animals that have received a charge of the poison. Dogs eating of the flesh get the slows, and are unable to attend their masters' calling. Buzzards can not fly after eating the poisoned flesh; and all animals that eat of the dead carcasses are more or less affected. The disease is known by the animals trembling on exertion. Whilst at rest, no manifestations of disease can be observed. In many instances, it is no uncommon occurrence for cattle to drop down dead after being drove some four or five miles, that present no symptoms of disease prior to the travel. Immoderate exercise is not a prerequisite of the manifestation of the disease: they will tremble while in their ordinary occupation of grazing, and die without the heat of labor. Calves will eject their milk and fall down and die, whilst sucking; and hogs will eject their food. These are the common symptoms by which the disease is known in the animals, until a post-mortem examination reveals the following phenomena: The stomach and intestines are inflamed; the mucous coat is measurably destroyed; the entire coats are in some

---

\*According to the late Dr. Drake, it was known in North Carolina eighty years ago. *Vide Western Journ. of Medical and Physical Sciences*, ix., 243, which I found after penning the above.



cases gangrenous ; they are a dark, or, I might say, of a black appearance. This black color is not a mere congestion ; the coats are not firm, though they are not easily broken down. In the ventriculus, or paunch, and, indeed, throughout the whole alimentary canal, is found a substance conglomerated and resembling cemented sawdust, in the shape of balls, somewhat elongated, some of them perfectly adherent to the coats of the digestive tube, whilst others are loose.

So far as I am acquainted with the semeiology of the diseases of animals, and their morbid appearances after death, there is no disease analogous to the one under consideration ; as stated before, there is nothing known in regard to the cause, up to this time. Cultivation of the soil is considered a sure preventive ; we may therefore infer that it is of vegetable origin. The horse, mule, cow, goat, sheep, hog, dog, and buzzard, have all been known to have the disease.

Symptoms in man : All ages are susceptible to an attack, though children are not so apt to be taken down by its invasion as the adult. When the invalid is about to be taken down he feels weary, and trembles more or less on exertion, and experiences pain, numbness, and slight cramps of the extremities ; at the same time he generally becomes costive, and under fatigue is likely to experience nausea ; his appetite is not generally impaired at first, but has a feeling of depression and burning at the stomach ; is irresolute, and is as much indisposed to mental as bodily effort. He may continue in this situation for some time and recover spontaneously, or with the aid of a mild cathartic ; but more commonly, under the influence of an exciting cause, severe symptoms supervene : a full meal, indigestible food in the stomach, or exertion, is such an one. The invalid being subject to these, full vomiting comes on, with much epigastric distress. He throws up the contents of the stomach, and, continuing at short intervals to vomit or retch, brings up small quantities of acrid mucus, tinged in streaks or spots of an indigo color, but very seldom any bile. As the disease advances it becomes of a muddy, dirty appearance ; the vomiting is so obstinate in many cases that not a particle of medicine or fluid can be retained for some time ; there seems, indeed, to be an inverted peristaltic action of the stomach and bowels ; during the intervals the patient lies on his back, and throws himself from side to side of the bed. There is insatiable thirst : his urgent desire is water, to allay, as he confidently expects, the burning sensation of the stomach, which is a constant symptom ; its soothing effects are but temporary ; it is soon ejected, and he urgently calls for

more. In the midst of these symptoms his bowels remain torpid, though in some cases diarrhœa is present. But little pain is complained of in the bowels, and they do not appear to swell, but the contrary, and seem retracted and reduced in volume ; so much so that the pulsations of the abdominal aorta can be distinctly felt, and is found beating with unwarranted violence. The discharges from the bowels consist at first of the natural excrements contained in them. They soon change to a dirty soap-suds appearance, and very offensive to the olfactory organs ; after the use of medicine, they look as near like jelly and green moss chewed and mixed together as anything I can compare it too. The breath is generally offensive, somewhat resembling the smell of ptyalism and chloroform. I heard some of the farmers say it resembled the odor evolved from the rattlesnake. I have frequently noticed the same factor to a considerable extent in the breath of children affected with worms.

In the forming stages there is but little change in the appearance of the tongue, but it soon coats over with a light white fur ; after a few days it inclines to change to a brown color, particularly the middle part ; the tip and edges are then of a red and fiery color. The pulse is but little increased in frequency at first, most generally a little below the normal range of action ; but as the disease advances, and places the patient in imminent jeopardy, the pulse increases in frequency. The respiration is with an occasional sigh, with a distressing sense of oppression in the chest. If the disease is not arrested, the irritation of the stomach increases ; and if the discharges were not black before, they soon become so, and sometimes assume the coffee-ground color of the yellow fever. The breathing becomes more oppressive, with a sense of sinking of the chest ; and an inability to supply the want is felt in the chest. The pulse is now small, frequent, and feeble, the countenance shrunk and anxious, the surface cool or cold, and cold extremities, whilst the trunk is generally hot, or warmer than natural. After several days, perhaps a week or more from the commencement, if the bowels have not been evacuated, they are apt to give way spontaneously ; tympanitis takes place, and the patient has frequent griping pains, and frequent watery mucous discharges, tinged with blood. The tongue becomes dry, red, and fissured, the dorsum is covered with a dark fur, sordes collect about the teeth, soreness of the throat, with difficult deglutition, sometimes occur, and the patient lies on his bed with his legs drawn up. These symptoms may continue a few hours, or perhaps a few days, when stupor comes on, the pulse ceases to be felt at the wrist, and death

takes place, preceded by profound coma. A favorable termination of the disease is marked by a gradual diminution of all the characteristic symptoms, until they disappear, though the convalescence is sometimes very tedious ; and a liability to relapses remains for a long time, which may be called into action by an over-meal, fatigue, excessive exertion, or exposure to either excessive heat or vicissitudes of temperature.

But little is known in regard to the pathology. Public opinion is so averse to post-mortem examinations that it is very rare that a physician has the opportunity to make one. Dr. Graff says, in a woman who died of the disease he found inflammation of the meninges, and congestion with softening of the substances of the brain. The stomach was slightly contracted, and the mucous membrane was reddened in patches ; there were a few ounces of bloody serum in the peritoneal cavity, the liver deeply engorged, and darker than in health ; and the gall-bladder was distended with bile. Dr. William Trafton, of Evansville, Ind., is stated by Dr. Byford to have found inflammation of the mucous membrane of the stomach, rigid contraction of the pyloric orifice, a dry and hard condition of the feculent matter in the bowels, and a total absence of intestinal gases. Dr. Dickey, in a case that died with all the symptoms of the disease, found, on opening the abdomen, the peritoneum was inflamed and gangrenous, the major curvature of the stomach was injected of a bright pink color ; the lesser curvature and orifices were pale — the contents resembled a chalk mixture intermingled with globules of oil. This was *oleum ricini*, that had been taken during his illness. The mucous coat was much destroyed, and deprived of epithelium, there being an appearance of having suppurated throughout its whole surface of the duodenum and stomach. Brunner's gland was enlarged and red, but no signs of ulceration. Passing on to the jejunum, we found still more evidence of inflammatory action in this as well as the ilium ; the mucous coat was easily separated by the finger nail, and the external surface of the latter presented flakes of white and green. Peyer's patches were decidedly ulcerated. The contents of the cœcum were much the same as the ilium ; the coats were found to be all affected; of a muddy, dirty appearance, some parts inclining to a green color. The large intestines contained much sulphuretted hydrogen. Colon in some parts rather pale, in others gangrenous. There was ramolissement of the liver. The border of the right lobe dark and indurated, left lobe mottled. The lobus spigelii and quadratus quite normal. The gall-bladder was much distended with a thick, tenacious fluid. Mesenteric



glands motley. The organs situated in the thorax were healthy. By comparing the morbid appearances as here presented with those of the animal, we will find that the mucous coats of the stomach and intestines suffer most. Although the evidence here is not gleaned from many cases, yet those from the animal are founded on numerous dissections.

*Prognosis.*—This is a very grave disease. The physician should not promise too much: we can not tell what amount of poison we will have to deal with. When pressed for an opinion, give it cautiously. If the patient has a tolerably good constitution, and called early, it will generally end well.

*Diagnosis.*—The prominent diagnostic characters of milk-sickness are: Violent and incessant vomiting, generally constipation, absence of bile in the matters discharged, a retracted state of the abdomen, and a hardened condition of the same. The heart manifests a convulsive action, and excessive palpitation of the abdominal aorta, throughout the course of the disease, distressing burning and sinking of the stomach and bowels. Great mental discomfort; an excessive and peculiar odor of the breath; and with these the evidence of encephalic or abdominal inflammation, and in bad cases a depraved state of the blood, and great nervous prostration.

*Treatment.*—Venesection has been but seldom employed in this disease, and should not be recommended only where the brain and its membranes appear to be affected. Cupping the abdomen and scrobiculus cordis may be used to an advantage. Cathartics are the remedies universally employed. We need not state the individual experience of physicians in regard to their use: both they and the people make the indication of opening the bowels the indication of cure, and affirm that when the bowels are freely moved the patient rapidly recovers. In the forming stages, catharsis is generally easy to be accomplished; after vomiting has commenced, the difficulty is greatly increased. We consider that when the bowels are freely moved in a severe case, our labors are only commenced. Our plan is this: Give from thirty to sixty grains of *calomel*; and if the bowels are not moved within four hours, give *oleum ricini*, or an infusion of senna and epsom salts. If these do not have the desired effect within three or four hours more, I use enemas composed of jalap, aloes, *oleum ricini*, and warm water; use them every hour until the bowels are moved freely. The *calomel* I give in sugar and water; if it is ejected, I repeat every half hour until I get a dose to stay down. If the irritability of the stomach should continue very long, I use sinapisms or

epispastics ; in some cases, a cloth dipped in cold water and applied to the *scrobiculus cordis* has a very sanative effect. The above course is persisted in and repeated every twenty-four hours, until the green, mossy appearance of the discharges is changed to more of a biliary character. Experience has convinced me that it is perfectly useless to give calomel in alterative doses, in this disease ; by giving it in cathartic doses, it will lie in the system long enough to have all the alterative effect that is needed.

I am aware that there are some physicians opposed to the use of calomel in this disease, for what good reason I do not know. I have tried to get along without it, but found that I was losing valuable time, not being able to find any other cathartic that would remain long enough to do any good. We find the vitiated secretions and excretions collecting in the alimentary canal daily, until the poison is expelled from the system ; hence it is that it is so necessary to keep up a continued regular action in the bowels, at the same time keeping the secreting organs aroused to their normal action, or as near as possible ; at the same time we give stimulants during the whole course of disease, if there is an indication for their use. We endeavor to keep the pulse up to 75 or 80 beats to the minute ; and if they flag much below that point, we give stimulants in appropriate doses, and repeat them according to the emergencies of the case ; on the other hand, if the pulse is above 90 beats to the minute, we withhold them, especially if they have much force about them, until it is brought down to the normal standard, or a little below that point. If we stimulate too freely while the pulse is up to 100 or more, we most assuredly assist the disorganizing process already set up in the digestive tube or brain.

Some physicians *pour* the spirits into them without measure and without caution, thinking that if they can get *liquor* enough in them that their cases will get well ; all such practice, to say the least of it, is reprehensible, and fraught with danger. It is true, some will get well under such practice, — some will get well if nothing is done ; so it is with the most of other diseases, when the indisposition is slight. There is also a variety of opinions advanced in regard to opiates : we give them, occasionally, to allay the irritability of the stomach, and to procure rest.

Cold water is interdicted in this disease, and for what good reason I do not know ; by allowing a portion of spirits to be added to each draught, we may allow a moderate portion given. An effervescing draught, composed of bicarb. soda and tart. acid, with the addition

of a small portion of spirits, may be used, which is very grateful to the patient, and has a very soothing effect in allaying the intense burning of the stomach. The spirits we have used are New England rum, wine, French brandy, alcohol. If we find that our patient appears to be sinking, with cold extremities, we have found epispastics applied to them to have a very good effect. If there is much cerebral difficulty, we apply cold water freely to the head. Dr. Toland has also subjected his patients to the cold dash, and, he affirms, with apparent advantage. The diet must be mild, and easy of digestion: panada, toast, broths, soup, chicken-broth, etc. During convalescence the action of the bowels must be kept up, and hearty meals avoided; but above all, the patient must refrain from active exercise. When the recovery is slow, tonics are useful, especially chalybeates.

The above is a brief summary of my views of the disease. Although I have given rather an outline course of treatment, there are often many other indications to be fulfilled, which the enlightened and energetic practitioner will readily perceive. We might have went on and discussed the "mineral theory," the "vegetable theory," etc., but it would not have proved anything different than what has already been advanced, and already expressed, in regard to the different cathartics recommended by different members of the profession. A great variety have been used: some use croton oil. Dr. Bruller gave sulphate of magnesia and whiskey, and considered nothing else necessary. Dr. J. W. Crooks, who avers he has not lost a case for fifteen years, used alcoholic drinks, morphine and blisters, to allay the vomiting, and states that if compelled to limit his choice to a single remedy he would select whiskey. He thinks that alcohol neutralizes the poison, and in its turn neutralizes the alcohol, as it is almost impossible to produce intoxication. He prefers, for the cathartic effect, sulphate of magnesia and calcined magnesia. As stated before, we prefer calomel for a cathartic in milk-sickness, before any other and *all* other cathartics.

There is no disease that requires more prompt and close attention than the one under consideration. The physician should put in as near all his time at the bed-side as possible, so as to be on the alert whenever any change takes place. It is a disease that will not bear dallying with very long. If any of you wish to investigate any further, I would refer you to *Wood's Practice of Medicine*, fifth edition, p. 450; Dickey on Milk-Sickness, *Western Lancet*, vol. xiii., p. 390; Drake on Milk-Sickness, *Western Journal of Medicine and Surgery*, vol. iii., p. 161, which have been consulted in writing this essay.



## ARTICLE III.

**Scooping the Upper Part of the Tibia for a Long-Standing Disease of that Bone.—Cure of the Patient.**

BY E. S. COOPER, A.M., M.D.

Prof. of Anatomy and Surgery in the Medical Department of the University of the Pacific.

Mr. J. F., æt. 23, had been long troubled when he consulted me in 1858, with disease of the tibia. The upper part of the bone was enlarged to twice its original size. Sinous openings leading from it to the surface enabled me to pass the probe into the bone, which was found very soft and tender to the touch. The use of the probe was always followed by the discharge of more or less blood. The patient had been unable to follow his avocation of drayman for some length of time prior to my being consulted, and his left leg had been condemned to amputation by other surgeons.

*Operation.*—The operation was commenced by making a longitudinal incision, beginning at the lower margin of the patella and extending downwards along the spine of the tibia. A short transverse incision was then made over the tuberosity of the tibia. The flaps were then dissected back until the upper portion of the bone was fully exposed. By means of a chisel the diseased bone was scooped out until nothing but its posterior and lateral walls were left. The cancellated portion of the bone was so far destroyed by disease that it was necessary to invade the joint by cutting through the centre of the articulating surface of the tibia. A mallet was used with the chisel occasionally, though most of the bone was removed without its use. The diseased bone being all removed, the wound was filled with lint wet with an evaporating lotion composed of one part of alcohol and ten of water. A roller wet with the same was applied around the limb as tightly as the patient could conveniently bear, commencing its application at the toes.

The patient took three pints of spr. mindereri in forty-eight hours after the operation, and occasionally an opiate, when either from the tightness of the roller or other cause he had pain.

At the end of five days the evaporating lotion was discontinued, and a poultice applied instead. The poultices were changed every six hours during the day. The lint was taken from the wound about the tenth day, and gentle motion of the joint instituted,—which was continued every day when the part was not painful, until the patient was able to walk, which was nearly four months.

The wound granulated slowly but kindly, and in about eight months the patient was able to resume his business of drayman, almost entirely recovered. He suffered but little after the operation, excepting from small abscesses that formed in the region of the wound, and which are common after all operations upon the bones.

The cavity made by the removal of bone has never been entirely re-filled, and at this time (fourteen months after the operation) there is a deep depression at that point, though cicatrization is fully completed. The limb is quite as strong as the other. The walls of the bone are very much thickened, and the space in the bone is constantly growing smaller, notwithstanding cicatrization has been completed for some time.

---

ARTICLE IV.

**Popliteal Aneurism Cured by Digital Compression.**

BY GEORGE C. BLACKMAN, M.D.,

Professor of Surgery in the Medical College of Ohio, Surgeon to the Commercial, St. John's, and St. Mary's Hospitals.

In June, 1859, I was consulted by Joseph Humbrick in reference to a large pulsating tumor in the left popliteal space. He was an American, and was 27 years of age. For some years he had been engaged in carting lumber, and consequently was often compelled to sustain heavy weights. He was not aware, however, that he had ever received any injury upon the part affected. About thirteen months before I saw him he suffered excruciating pain, which extended along the inner part of the thigh and calf of the leg as far as the heel. About three days afterwards he noticed a small pulsating tumor, about the size of a pigeon's egg, in the middle of the popliteal space. His case was regarded as acute rheumatism, and he was treated accordingly. The swelling continued to increase; and when I first saw him, on the 5th of June, it measured about four and a half inches in the axis of the limb, and five and a half in its transverse direction. It had a pyriform shape, the apex being above. For two months the pain had been severe; and at the time of his visit he was unable to extend his limb completely.

Having noticed the favorable reports of cases which had been treated by the London surgeons by flexion, I determined to unite this to the combined method of compression, manipulation, and the internal administration of *veratrum viride*, which I had successfully employed in a case of femoral aneurism of large size. On the 7th of

June, after having given four drops of Norwood's tincture, I broke up and dislodged some of the layers of fibrin in the sac, by means of pressure with my thumbs and fingers (Fergusson's *manipulation*); after this I applied a bandage, as recommended by Prof. Dudley, of Lexington, in 1818. The foot and leg were bandaged from the toes to the inferior margin of the aneurism, over which a compress was placed, and a still firmer one along the course of the femoral artery reaching to Poupart's ligament. These were covered by the bandage which extended to the groin. The leg was strongly flexed upon the thigh, and secured in that position. The only effect of the veratrum was to cause an intermission of the heart's action every thirteenth beat. For an hour after the *manipulation* the pain was intense; but morphia freely administered enabled him to pass a comfortable night. On the following day, however, the patient became exceedingly restless, and the compressor and bandage became deranged. After a week's trial, Dudley's dressing was abandoned and Petit's tourniquet substituted. At the expiration of another week this was changed for Skey's. At this time the tumor had diminished somewhat, but still pulsated strongly. Under the use of digitalis the patient's pulse rose from 85 to 110, and it was discontinued. Compression was continued for another week, by the alternate use of the tourniquets above mentioned. The patient now left for his home in Newport, Ky., the tumor having diminished about one-third in size, but the pulsation being quite distinct.

On the 1st of July I requested my pupil, Mr. John Billings, and Mr. Charles Greenleaf, then a medical student, to go to the patient's house and try digital compression at the groin. This was employed for three hours, when the pulsation entirely ceased. On Monday last (Feb. 4th, 1861,) the patient came before the class of the Medical College of Ohio, and declared that his left leg was as good as the right. The contracted and indurated aneurismal tumor can still be felt, but pulsation has never returned. It is a question whether this indurated mass will ever disappear; for M. Paget has reported an examination of a case fifty years after the cure by ligature — John Hunter's fourth patient, — and even after this long period a hard, olive-shaped mass still occupied the popliteal space.

Shortly after the treatment of the above case, a patient came under our care having an aneurism of the innominata, of small size. Instead of ligating the subclavian and carotid on the distal side, I applied Bourguery's tourniquet, or compressor, for the subclavian, while a truss was adjusted to the neck to compress the carotid. Veratrum



in this case had a happy effect in moderating the force of the circulation; and with the compression above mentioned, I succeeded in producing a temporary consolidation of the aneurism. In a few hours, however, pulsation returned, and in the course of a few days it became again consolidated. Thus alternating, matters progressed for several weeks, when, after trying digital compression for some hours, at several trials, it became evident that all our efforts were in vain. The patient left for the country, the tumor constantly increasing; and in a few weeks more, after reaching an enormous size, it burst internally and suffocated the patient. A post mortem revealed an aneurism of the innominata; and the opening communicating with the sac was of large size.

---

ARTICLE V.

**Cases in Ophthalmology.**

---

BY R. H. JOHNSON, M.D., CINCINNATI, O.

*Staphyloma Cornea.*—Miss K., aet. 18, of Memphis, Tennessee, in May, 1856, applied to me for relief of the right eye, diseased five years, during which time she resided about four years in the State of Illinois. I found the disease to be partial staphyloma of the cornea. There still remained some vascular excitement, the result of long standing ophthalmic disease, but no destruction of the original tissue of the cornea had ever taken place; and though the conical eminence had become considerably opaque, there remained a translucent zone of cornea one-third in extent of the whole membrane. Epiphora existed in more limited degree than is usual in this affection, but with considerable painful sensibility of the organ, and intolerance of light. The staphyloma occupied the centre of the cornea, and consolidation and increasing projection were evidently progressing.

I treated the case cautiously for some months by an occasional application of escharotics, alternating the solid nitrate argent. with the caustic potash, without any satisfactory results, and then resorted to puncturing every eight or ten days. Considerable quantities of aqueous fluid escaped, but as often reaccumulated, leaving the staphyloma at the end of three months just where I had found it. I now determined to remove it with the knife. Aided by an assistant, not using any anesthetic agent, the patient submitting willingly, I shaved off with the cataract knife the entire eminence at its base, making a circular flap in extent embracing two-thirds of the whole cornea. There being no synechia, anterior or superior, as is usually found in partial

staphyloma, the iris, being in no degree staphylomatous, was freely dilated by the usual means (ext. belladonna to the brow, and sol. sulphate of atropia to the globe), remained uninjured and in its normal integrity.

The flap was made in the usual way, with a sharp hook through the apex; and the point of the knife, after entering at its base, carried round to the point of entrance in a horizontal line, and the flap removed with the scissors. The crystalline lens unfortunately escaped, with some portion of the vitreous humor. The lids were immediately closed and confined, and perfect quiet and hygienic measures of the simplest character enjoined upon the patient. At the end of one week, on examination, a delicate membrane was observed already formed over the circular chasm whence the flap of cornea had been removed. Reproduction had taken place from the remaining healthy zonule of cornea. A few weeks of rest and watchful care resulted in a perfect cure of the staphyloma: no cicatrix resulting, as anticipated, nor phthisis oculi of the globe, in the slightest degree. The new cornea, though very considerably opaque, became firm, and of natural convexity, but not again staphylomatous. The bichloride mere. and vin. opii, half a grain of the former to one drachm of the latter, in an ounce of distilled water, applied twice daily with the camel-hair brush, so far cleared the cornea and removed the vascularity as in a few months to present the entire globe healthy and of natural appearance, though the sight was of course imperfect.

Conflicting opinions prevail regarding this treatment, and especially as it is denied by some that there is ever reproduction of the cornea when the original has been removed by the knife. In operating for conical staphyloma when the cornea alone is involved, Mr. Wilde passes a thread through the base of the cone, so that after the projecting portion has been removed the lips of the wound can be brought together, and the escape of the vitreous humor effectually prevented. Why not close the lids over the wound on finishing the operation, and thus prevent the escape of the vitreous humor, as in the case of Miss K.? If the only object, as implied in the treatment by Mr. Wilde, is to prevent the escape of the humor, the object is attained by immediate closure of the lids; and in all cases so favorable as that of Miss K.,—favorable because uncomplicated, as in that of Mr. Wilde, “when the cornea alone is involved,”—the lids should be closed, and kept closed, for seven, or even ten days. The result will be, reaccumulation of the humor and reproduction of the cornea over the breach made by the removal of the flap. We have, then, instead

of a stump, an eye still left to the patient ; and although the artificial eye is the best substitute for a real one, the patient will thank us for even partial sight, and leaving him "full orb'd."

Mackenzie says it was supposed that by mere incision of the staphyloma, passing a thread through it, or excising a small part of it, so that the eye was kept open for a time, a cure could be accomplished. All these have been found to fail. Incision is merely a palliative ; the seton is tedious, and not to be depended on ; escharotics are apt to excite the eye into a state of violent inflammation. Beer, on the other hand, mentions that he had removed two hundred and sixteen staphylomata by operation, and that in not a single instance had any dangerous accident followed.

*Traumatic Ptosis and Blepharophlegia.*—Dixie, a mulatto woman, the property of Mrs. M. M. Temple, near Memphis, had received a blow with a stick over the left eyebrow, by a former master, some months before her purchase by Mrs. T. The cicatrice, about one line in width and half an inch in length, equi-distant from and running parallel with the superciliary arch, remained clearly defined. There was at the time of her purchase by Mrs. T. no evidence whatever of any unfavorable effect resulting from the injury ; but a few days after placing her at the cooking-stove, phlegmonous erysipelas of the most violent character supervened from the wound, including the superior palpebræ, and extending over the whole of that side of the face and neck corresponding with the injured brow. The skin and subcutaneous cellular membrane were much enlarged, hard, hot, and painful. It was with great difficulty that the eyelids could be forced open with the object of viewing the globe, which was found healthy in all its parts.

Briefly, this is the condition in which I found the patient when called, and was informed that she had been under treatment of two or three physicians for about ten days, without relief. I at once applied twelve leeches to the face and neck, directing that the wounds be bathed with very warm water, that she might loose as much blood as possible, and after closure of the wounds, to apply constantly a lotion—Goulard's extract of lead ; to take the sol. acetate of ammonia and tartarized antimony ; plain diet and rest. The next day found much diminution of the swelling and heat, but very little relief of the pain ; directed ten more leeches to be applied, and continue the other treatment. Visited her daily for seven days, the whole trouble declining daily, leaving complete ptosis of the upper eye-lid.

One word upon the treatment of the case thus far, and I will close



this report with the treatment and cure of the ptosis. Prof. Colles, of Dublin, says it is an excellent rule to make early incisions in phlegmonous erysipelas,—evidently meaning incisions with the knife. Now I believe the leech makes the best and most effective incision, unless there be sloughs or matter; in that case the knife must be used; but “sloughs or matter” are not found “early” in the disease, but in the last stage. In the case before us this state of things did not exist; but Prof. C. does not mention leeches at all. It seems to me that in this form of erysipelas, the counter-irritation and abstraction of blood locally, by leeches, is the principal treatment. I believe this mode of relief, depletion by leeches, in local inflammations, and especially in diseases of the eye and ear, is too much neglected. Counter-irritation and depletion, in a very limited or to a very considerable extent, as the case may require, by this means, is far preferable to blistering, so generally resorted to, particularly in children, and free from the depressing and painful effects of the latter.

The ptosis was undoubtedly the result of injury to the *frontal* branch of the *ophthalmic* nerve, which mounts above the levator palpebræ and runs forward, resting upon that muscle, supplying the conjunctiva and upper eyelid. The true cause, then, of ptosis in this case was the third variety, or traumatic ptosis, but changed to the fifth variety, or palsy of the levator of the upper eyelid—blepharophlegia.

What took place immediately following the blow could not be learned, further than informed by the servant: that she was struck with a stick, and inflammation and swelling followed, which finally got apparently well; but when she commenced to work, the inflammation, swelling and pain returned,—and her master determined to sell her; and Mrs. T. became her purchaser.

Various stimulating applications were applied to the fallen lid, and the patient directed to rub the lid upward, frequently, with the ball of the finger, at the same time applying the stimulating lotion. The patient soon wearied of this; and though some tone had been imparted, and improvement took place in the course of the subsequent five or six weeks, the lid was not restored to its wonted integrity, and I was again called to “do something for the girl’s eyelid.” I now stated to Mrs. T. and the patient that an operation must be performed upon the lid. This declaration frightened her: she would do anything we wished, if we would not cut the lid. Very well, I insisted that she continue the rubbing upward, with the finger moistened with the stimulant. She persevered for a few days, with marked improvement, but again relaxed her efforts, and I was requested to operate. Taking my

case of instruments, and opening it before her, prepared to snip out a small fold of the lid, high up under the arch of the brow, but she protested bitterly, and pleaded with her mistress to try her once more with the old treatment. This time she did persevere to the end — about three months, — and succeeded fully. In three years there has never been any return of the ptosis.

---

## Proceedings of Societies.

---

### Proceedings of the Union Medical Society at Knightstown, Ind.

---

Reported by B. F. ELDER, M.D., Secretary.

---

Society met, agreeably to adjournment, in the office of Dr. Elder, on Monday, Dec. 3, 1860, Dr. Lewis in the chair.

Reports of cases being in order, Dr. Canady read a report of an obstetrical case, with a want of uterine contraction. He gave quinine, grs. x. at one dose, which was soon followed by strong labor pains and the birth of the child. His query was, was the recurrence of the pains a *post* or a *propter hoc*? Dr. Lewis thought, from his experience, that it was decidedly a *propter hoc*. Dr. Cochran said, from what he knew of the action of the drug in such cases, the pains were on account of it. Dr. Canady said that his experience with the remedy as a parturifacient was but limited, nevertheless he would not give ten grains of quinine for all the other parturient remedies of the *materia medica*.

Dr. Crouse reported a case of senile gangrene, with some remarks on that disease, and the treatment indicated.

Dr. Elder reported a case of congenital cataract, with the operation performed for its cure.

Dr. Lewis read a paper on diphtheria. Dr. Canady thought that he had treated, lately, cases of diphtheria, of which healthy, robust children were the subjects. Dr. Lewis replied that he had treated patients for diphtheria seemingly of a robust habit, but on closer observation they all proved to be of a scorbutic diathesis, as indicated by the preternaturally red cheek, thick lips, spongy gums and enlarged glands, and he thought that Dr. Canady's robust patients would prove, on closer examination, to be of the same class.

On motion, a copy of Dr. Lewis's paper was requested for publication in the *Lancet and Observer*.

On motion, the Society entered into an election of officers for the ensuing year, which resulted in the choice of Dr. Lewis as President, Dr. B. W. Cooper as Vice President, Dr. Elder as Secretary, Dr. Cochran as Treasurer, Dr. Canady, Crouse and Elder as Censors.

On motion, Society adjourned to meet on the first Monday in January, 1861.

---

KNIGHTSTOWN, January 7, 1861.—Society met at 10 o'clock A. M., President in the chair.

Miscellaneous business being through, Dr. Canady read the following report on diphtheria.\* Dr. Lewis said that he was very much interested during the reading of the report, and thought that it confirmed his views of the pathology of that complaint. The treatment adopted by the doctor, he thought, could hardly be improved. The quinine, however, might have been omitted, as he viewed it as negative in this disease. Dr. Canady replied that tonics were indicated, and he gave quinine with a view to its tonic properties. Dr. Lewis replied that he had some doubts of the tonic properties of quinine, but was not prepared to discuss that question now. Quinine, however, would not cure chlorosis, and as the patients were diphtheritic *because* they were chlorotic, he thought the chalybeates the remedies indicated. The syrup of the hypophosphites were peculiarly adapted to this state of the system. Quite a lengthy discussion followed, which the Secretary failed to note.

Dr. Crouse read a report of a case of habitual constipation with great constitutional disturbance, vertigo, dimness of vision, nervousness, etc. Remedies addressed to the condition of the bowels relieved the patient speedily.

Dr. Cochran read a report of a case of inflammatory rheumatism, which he thought was cured by the use of iodide of potassa.

Dr. Coffin reported an obstetrical case with want of uterine pains, which he induced by giving ten grains of quinine. During the convalescence of the patient, she was attacked by fever, which would not yield to quinine. A discussion here followed, the members differing widely in their views as to the character of the fever and the mode of treatment.

Dr. Lewis reported a case of scarlatina occurring with a patient, who, previous to the attack, had enlarged tonsils of several years' standing. After the subsidence of the scarlatina, the tonsils were

---

\* We are obliged to defer the publication of the essays of Drs. Lewis and Canaday until a future number of this journal.—Eps.



found to be of their normal size. His query was, Did the treatment he instituted for the cure of the scarlatina, especially the topical applications to the throat, cure the hypertrophied tonsils, or did the scarlatina produce the cure?

Dr. Rawlins reported a case of retarded labor, caused by want of proper contraction of the uterus. He gave *quinine* after the mode of some of the Society, thinking to remedy the evil, but his patient immediately went to sleep. He gave *ergot*, and the child was soon born. He would like for some one to tell him why it was that *quinine* would not produce the same effect for him that it seemed to for other gentlemen of the Association.

Dr. Canady said that Dr. Rawlin's case was an anomalous one; that there were exceptions to all general rules, and this was an exception to the action of *quinine* as a parturifacient. He had seen *ergot* fail to produce any action of the uterus quite as often as he had seen it succeed, and women frequently slept as soundly under its influence as they would have done from a narcotic dose of opium. The failure of *quinine* to produce the desired effect in this case, was no proof that it was not a parturifacient.

On motion, the Society was instructed to forward the minutes of this and the December meeting to the *Lancet and Observer* for publication.

---

### Editorial Translations.

---

*Escape of Amniotic Liquid.*—At a late meeting of the Surgical Society, the following statement was made: There has been observed sometimes in the latter weeks, or even the latter months of some pregnant women, an intermittent serous discharge, the nature and origin of which has been the subject of discussion. Naegelé thinks it can not be the amniotic liquid, but rather a liquid secreted between the membranes of the foetus and the uterus; this opinion was admitted by almost all authors, when a fact observed by Ingleby, and reported by him in a memoir on uterine hemorrhages, placed the question again in doubt, and induced some to believe that it was the amniotic liquid. At the centre of the membranes a perforation was found, through which the foetus had passed, and nearer to the placenta another orifice, through which the liquid had escaped. Some time afterwards M. Dubois observed another case of the same kind. The small orifice in the membranes was old, and its edges appeared cic-

trized. This statement of the question was briefly made by M. Danyau, who presented the membranes from a woman delivered December 12th, from whom this discharge had continued for fifty-six days. The placenta was inserted near the neck. On one side a large perforation existed, which had given passage to the child, and at a point diametrically opposite, another small opening was found, through which the amniotic liquid had escaped. The flowing of this liquid may be intermittent and more or less abundant, according as it escapes more or less quickly, or accumulates between the membranes and the uterine sides.—*Gaz. Hebdomadaire*.

---

#### TRANSLATION FROM THE GERMAN.

The Frequency of Conceptions in Anæmia, and some other Constitutional Diseases of Women. A Lecture delivered before the Obstetrical Society of Leipzig. By Dr. E. A. MEISSNER. Translated from the German by Dr. D. S. GANS, of Cincinnati.

The question to which I wish to direct the attention of my colleagues to-day, and which to my knowledge has not yet been scientifically explained, refers to the disproportionate, great, yea, striking frequency of conceptions in many women who suffer from general disturbance of nutrition, chlorosis, leucæmia, general anæmia, gastric catarrh, with or without dyspepsia—who show symptoms of *ulcera ventriculi rotunda*, and *cardialgia*, or who may be looked upon as having recovered, at least for a while, from *hysteria*, *chorea*, or even *tuberculosis of the lungs*. I need only point out to you how often physician, patient and relatives are disagreeably affected by seeing the signs of a new pregnancy after a preceded abortion, delivery of moles, strong metorrhagia, long suppurating mammary abscesses, difficult or incurable galactorrhœa, long continued nursing and consequent great debility or exhaustion. We find ourselves in other not less numerous cases disappointed in our expectations, having caused the mother to wean the child at an early period for the purpose of allowing her strength to recruit, or at least to prevent a further decline of the same. Well known is also the numerous offspring in the habitation of the poor, in the unwholesome, overpopulated manufacturing districts, whose inhabitants, besides, are generally ill-fed. We find, on the contrary, not seldom, women living under the most favorable external circumstances, free from care, grief or want, well built, of strong constitution, sufficient sanguification, in full health, standing far behind the above described anæmic natures in sexual respect—particularly in

reference to productivity, who conceive with more difficulty and less frequently, and even remaining sometimes all their lives sterile.

These observations are not only contradictory to the rational supposition that only an entirely healthy body is the most suitable for the execution of the functions of generation, especially the functions of reproduction of the genus, but also to the physiological truth that only a sound maternal body can prepare a sound ovula, and that from such a one only proceeds the production and successful continuation of the pregnant state.

For the purpose of explaining these experiences physiologically, and to bring in correspondence with the science these paradoxical observations of the practice, some hints about the relations of the sexual and the pure vegetative vital sphere as *general causes* may take their place here. It is known that general plethora, a plentiful chylopoesis, and connected with it a strong nutrition and fat formation, produce already an abnormal increased pressure of the blood vessels; and at a higher degree and some excitement upon the brain, predisposes sometimes to the phlegmatic temperament and diminished excitability. A more or less indisposition to the coitus, combined with it, may, under certain circumstances, at a high degree of corporeal heaviness (hence particular annoying and disagreeable effect from any excitement, as also on account of the coexisting excessive transpiration), be increased to an almost total antipathy to sexual intercourse.

Even does all this happen but seldom, and only singly in plethoric constitution of the highest degree, and in reference to the female sex, especially in the virago (man-woman); still it is certain that in a certain approach to the above given extreme picture, a smaller or greater difference in the sexual relations in the more excitable character of the choleric temperament takes place. It is a generally known fact that a more lively imagination, increased *sexual desire* and heightened voluptuosity is found in nervous, pale, hysteric, and even sometimes tuberculous individuals. But it may be that I take here the effect for the cause, as, without doubt, in a good many cases, a too early strong and frequent excitement of the imagination (as is often found with city ladies by the reading of exciting novels, frequenting theatres and ballets), together with its consecutive premature development of sexual life, as the too early appearance of a too frequent or too strong catamenial function, menorrhagia and leucorrhœa, may interfere with the physical economy of the vegetative life, and thus produce the anæmic condition in question. It is here to be considered that the irritation of the medulla oblongata and spinalis, based upon the



anæmia, keeps up almost constant reflex action, a more excited life in the sexual apparatus, and especially a disproportionate *plentiful ovulation*, which is often indicated by the too frequent or too strong menstruation not in correspondence with the nutritive condition of the body.

Besides the preponderance of the sexual over the pure vegetative life, the frequency of conceptions in anæmic, hysteric and tuberculous subjects depends principally upon the more easy and more energetic reaction of the same after external and internal stimuli, in conformity with the greater activity, erethismus of their nervous apparatus. Such a high-grade reaction, as is not only generally induced by the coitus, but also physiologically aimed at as a stimulus of the highest force, is absolutely necessary to favor all the processes of conception, as the absorption of the sperm from the vagina into the uterus, the peristaltic motion of the same (as is repeatedly demonstrated in animals after coition) and the tubes, the maturing and opening of the Graaffian follicle, the transportation of the ovum through the tubes into the uterus and the increased flow of blood to the inner genitals for the attachment and nutrition of the ovum in the uterus.

Turning now to the *local causes* of the subject in question — that is to say to those which have their origin in the condition of the uterus itself — we find the above mentioned morbid excitement and increase of sexual desire based upon the peculiarity of the sexual life in the woman, which Dr. Joerg used very strikingly to describe as a kind of hunger, looking upon the uterus as standing nearest to the intestinal system in reference to external form and peristaltic motion, trying to elucidate this view by the comparative anatomy of the hog. Rationally, this existing hunger in the uterus (*appetitus coëundi*) must be the greater and the more lively in real and perfect *emptiness of this organ*; hence in deficient nutrition of its muscular structure, small quantity of blood and consequent diminished pressure of the vessels upon the texture of its walls, and through these upon the space of its cavity, and in smaller weight and volume of the uterus. In direct opposition to this do we find, very frequently, a very weak, even abnormal diminished sexual desire in continued or repeated strong determination of the blood to the uterus, in consequence of which the muscular fibres develop more strongly — the vessels filling to extreme, the total volume of the uterus becomes enlarged and its weight heightened considerably. The oppression in the abdomen, caused by the two last named points, are, through pressure upon the intestinal canal, further obstacles to the successful development of the sexual functions,

including the coitus. Next to this, the form of the uterus shows itself also essentially and durably modified, almost generally in habitual congestive condition, chronic hyperæmia, inflammation and infarctus, combined with greater volume and increased weight, changing its flattened to a round form, the external os uteri and the canal of the neck becoming considerably narrowed. That, by this, a not inconsiderable obstacle to conception is laid, all those cases prove, where an existing sterility was cured by the operative dilatation of the narrow uterine orifice. (*Virchow Archiv*, vol. x.) It is plain that venous blood stasis, and all obstructions in the portal system, may, like active inflammation, also effect unfavorably conceptions in the uterus. In the reverse case the anæmic uterus of a woman suffering under general derangement of nutrition will favor conceptions in its not compressed cavity by the weaker pressure of the vessels and the small tone of its contractile muscular fibre.

Quite analogous with the active and passive congestion of the uterus is its condition before and during menstruation, during which (probably in consequence of the stimulus of the gradually ripening and loosening ovula) the sexual desire is generally lessened, sometimes even entirely suppressed, and conceptions not being produced, at least very seldom, although coition took place, whilst immediately after menstruation the faculty of conception is greatly heightened. For this reason I cannot join those in their opinion who look upon the menstruation as a model for the conception, or as an unsuccessful endeavor of the uterus to become pregnant. I have to designate it as an evacuating process of the uterus, which has, after completed growth and proper development of sexual maturation, to free itself monthly of the blood received for the accomplishment of the generative processes, and not necessary for the vegetative continuance of its organ, which blood retained in the uterus would dispose to impede conception. Just as a moderate hæmorrhage usually restores the disturbed functions of other organs in strong hyperæmia, the same is the case with the periodical physiological uterine congestion by menstruation, and also in occasional pathological hyperæmia of the uterus by not typical hæmorrhages—restoring the functions of the uterus respecting conception. I have therefore to look upon these excretions as the regulators of the same; for entirely aside from the not absolute necessity of an awakened strong sexual desire for the purpose of conception, the reception of the sperm and of the ovulum in the cavity of the uterus are essential conditions to fructuation, to a normal pregnancy. Respecting the transportation of the ovulum through the

tubes to the uterus, we want direct observations about the influences which favor or retard that process, the smallness of these deep seated organs not admitting from outside a control over the physiological process in the individual cases ; but we are justified to suppose that strong hyperæmic tumefaction of the tubes may be able to narrow the volume of the same, retarding or lessening the peristaltic motion, which has to assist the transportation of the ovulum. The sperm can but very seldom be injected through the narrow os uteri and canal of the neck directly into the uterine cavity, and even the peculiar motion of the sperm-filaments are not always sufficient to arrive there ; but an *attraction* of the semen, injected into the vagina through an independent action of the uterus itself, must assistingly come into play. Laying aside the observations of Eishstedt, in reference to the absorbing power of the enlarged and air-tied uterine cavity by the alteration in the form of the whole uterus, and confine ourselves to the at least analogous physiological process of endosmosis and exosmosis, we find for the attraction of the sperm not only a diminished disposition in the generative organs of a plethoric constitution, but even essential obstacles ; for general plethora of an individual does not impress itself only in the arterial and venous system, but also in the various organs of the body. This is so much more the case with the uterus, as by the position of the same in the entrance of the pelvis, in the depending part of the trunk, the pressure of the whole blood column must keep the vessels filled and in a stronger tension, than is the case with the organs of the head and neck. To this are added the already mentioned periodical physiological congestions and the various pathological hyperæmias of the uterus, which, in combination with the plethora, greater richness of blood and solid ingredients, instead of favoring absorption and resorption, lay rather the foundation to exudation in the uterine cavity or in the muscular structure — to exosmosis and transudation (menstruation, hydrorrhœa), and finally to effusions from the bursted papillary vessels (menorrhagia, metrorrhagia). If the last takes place in a high degree, the sperm, as also the ovulum, may be washed off by the effused blood, or the ovulum be enveloped by the coagulated blood, thus excluding totally the admission of the sperm to the same. But organs empty of blood endeavor to attract endosmotically the various substances, particularly serous and albuminous fluids — a fact which has been made use of therapeutically, trying to dispose the different organs to the reception of medicinal substances by the heightened secretions and excretions, through the transpiration of the cutis in syphilis, through the application of a blister in



the employment of the endermatic method, etc. It can not, therefore, appear strange that the anæmic uterus shows already, by itself, a stronger disposition to the attraction of the sperm, and hence to conception, particularly after severe hæmorrhages, abortions, etc.

---

## Correspondence.

---

### On Removing the Placenta.—The Courtesy of Dr. Sheets, etc.

---

MESSRS. EDITORS.—*Dear Sirs:* We find in your journal for January an article over the signature of L. D. Sheets, M.D., that greatly surprised us; and, because of unprofessional and ungentlemanly bearing, would not have been noticed, but for the reason that our articles referred to never appeared in your journal, and because, we regret to say, besides being discourteous without cause, several of the Doctor's statements were false. We could not have believed, without previous knowledge to the contrary, that a man of Dr. Sheets' professional reputation and standing as a gentleman would have deliberately written such a scurrilous article, without some provocation, involving a compromise of that honor and courtesy which should characterize gentlemen. We can only expect that your readers will thus judge us; and as it has ever been the height of our ambition to deal fairly with all men, and at least to deserve the approbation of the more honorable members of our profession, we trust you will see the propriety of our explanation. We shall do so as briefly as possible, consistent with the many dishonorable bearings his article has upon us—omitting many criticisms to which his article is amenable.

First, then, what is our offence upon the dignity of Dr. Sheets? A year and a half ago we were engaged to prepare a *Summary of American Medical Journalism*, for the regular issues of the *American Medical Monthly*. In the fulfilment of this engagement, we endeavored to give a fair but condensed statement of all matters strictly practical, found in American journals, and to intersperse the same with our own opinions and experiences. We never claimed *superior* wisdom, but we supposed, in our verdancy, that we had the *right* to give our experience, or opinions, so long as we did so courteously, upon such matters as we chose, especially in a journal by the proprietor of which we were paid for such labor. It seems the "bile," "phlegm," and "gas" of Dr. Sheets does not guarantee to us any such privilege.

We had not been long at our labor, when an article by Dr. Sheets came under our observation, in which he claimed remarkable success in the treatment of intermittent fever: arsenic was the remedy, — the time of cure, two weeks. We simply said, in regard to it, “this is by no means new treatment, and we have no doubt of its efficacy.” The Doctor corrects us, and says we doubtless meant “remedy.” We meant just what we *said*—supposing everybody knew that the *remedy* was somewhat older than Dr. Sheets himself. When a man writes to a journal, giving a special treatment for a special disease, it is supposed he gives it as original, unless otherwise stated. Dr. Sheets says: “I never saw or heard of any written account of it!!” He will find such account in Watson, Wood, Dunglison, Drake, Dickson, and, if we rightly remember, in every other text-book upon the disease we have seen published in the last fifty years; and it has been alluded to too often in journals for specification. This fact should have been regarded as additional commendation. Now, in the treatment of this disease we had supposed we had found, not a new “*remedy*,” but a new treatment, that gave satisfactory results. If you will pardon this seeming vanity, we will say that we have treated hundreds of cases of intermittent fever, in all stages and of varying duration, and, if not seriously complicated, we have not visited such patients more than twice in the accomplishment of a cure, and oftener not at all. Many have sent to us from hundreds of miles away, and even from the State of Indiana! We have never heard of a failure to get a cure, for at least the season, where our directions were attended to. Since we commenced our *summary*, this was the first occasion that had been presented to give our experience. Hoping that some unfortunate physician or patient might be grateful for it, after giving and commending that proposed by Dr. Sheets, we gave our own. This was our *first* offence! If any of our readers are any the worse practitioners, or have any less respect for Dr. Sheets, because of this, we humbly ask pardon of all concerned. Dr. Sheets, speaking of our plan, says, contemptuously, “This is an improvement upon arsenic, with a vengeance!” We *thought* so, but were too modest, as well as too considerate of the Doctor’s feelings, to *say* so. If any think differently, and prefer to take the arsenic “until their eyelids swell,” we shall be the last to object.

Our *second* offence was like the above. In our *summary* for September last, we gave a synopsis of a paper by Dr. Sheets, found in your July issue, upon the “*Delivery of the Placenta, particularly in Abortions in Early Pregnancy*.” Though Dr. Sheets spoke con-

temptuously of such men as Meigs, Chailly, and Ramsbotham, we fairly represented his article. For his immodest claims and uncourteous bearing towards the first names in the profession, we must refer, for want of space, to your journal for July, 1860, and January, 1861. Upon this subject, too, unfortunately, we had some experience, and held some peculiar opinions. In the last three years we had had no difficulty with such cases, and we believed that nearly, if not quite all, post-abortionnal hæmorrhages, depending upon partially detached or retained placenta, could be at once arrested, without pain or risk to the patient, and with great ease to the operator. We knew, too, that Prof. Meigs, Ramsbotham, and many others of the largest experience, had said they could not do it, as recommended by Dr. Sheets. We, too, had failed. We feared, even in the full comprehension of Dr. Sheets' luminous paper, others *might* fail. Notwithstanding he had so kindly, "plainly pointed out" his sure method of success, others, like us, might, very unfortunately, be "as blindly in the dark as before." So, for the benefit of Profs. Meigs, A. K. Gardner, Ramsbotham, and other similarly benighted ones, we gave a plan that, in our hands, had never disappointed us, in these unfortunate cases. This was our great sin—the straw that broke the camel's back—and put upon our track the able and courteous pen of Dr. Sheets.

With this explanation we might conclude our paper—referring those of our readers who may be curious to know our method of treating those cases of post-abortionnal hæmorrhage, where the placenta is not easily removed with the unaided finger, to papers in the *Western Lancet* for September, 1857, and the *A. M. Monthly* for December, 1858, and September, 1860. But Dr. Sheets makes some statements that require further consideration. In the outset of his paper, he charges us with making "*garbled extracts*" from his article upon the removal of the placenta. We have carefully compared the extracts with the original, and find them exact in word, letter, and punctuation; and this grave charge of his we pronounce false in letter and spirit, without a mitigating circumstance. We could not quote his article entire, but we have in no instance done violence to his meaning. He says, again: "He quotes Ramsbotham as saying there are some cases in which the hand can not be introduced into the vagina. Ramsbotham simply says no such thing!" Now we *never pretended to quote him at all*. We *will* do so now. After saying that, in such cases, "the placenta should be removed as speedily as possible," he says: "We shall be *unsuccessful in any attempts* we may make to get it away *by the introduction of the hand*," etc.



We make this quotation from Dr. Sheets' article in your July number. If the quotation is not correct, the fault is his. What shall we say of a man who will make such statements? Dr. Ramsbotham says it is impossible, in some instances, to remove the placenta by the hand alone; Dr. Sheets says he can do it in every instance. That their opinions conflicted, was all we designed to state.

Dr. Sheets does not pretend to enter the *uterus* with his *hand*; and yet, in all cases of abortion, he can, with his finger, *traverse the whole internal surface of the womb!*" If any of your readers are curious to know how long a finger of such powers must be, they can readily ascertain that matter by calculating the vertical dimensions of the neck and body of the uterus at the third month of gestation!

While he charges us with garbling, which we think he can not prove, let us see if he garbles. Safe for his honor as inventor, he has just learned that "Tyler Smith removes the ovum, by means of the finger, *pretty much as I have described* the removal of the placenta. He says: 'If the bag of the early ovum can be felt with the finger in the *cervix uteri*, it can generally, by careful manipulation, be separated from the uterus, and got away by the finger.'" Great similarity! Dr. Smith saying that *generally* the *ovum*, in the *neck* of the womb, can be removed by the finger; Dr. Sheets, that a *placenta* can *always* be, even in the *fundus*! Such a similarity will doubtless render the name of Tyler Smith immortal.

Dr. Sheets says he *can always* remove the placenta with the unaided finger, but that he *does not always*, because it is unnecessary; breaking it up, and removing a part, is sufficient to stop the hæmorrhage! On a subsequent page he reports an alarming case of post-abortion hæmorrhage, in which he found the cause to be a placenta, "not thicker than a twenty-five cent piece." On the same page he says, "We always like consistency!" So do we; but we fail to find it here. We do not believe a woman is safe from post-abortion hæmorrhage, so long as any portion of the placenta remains attached to the uterine walls. A piece not larger than a *five-cent* piece, if it happened to cover the inter-uterine extremity of a blood-vessel, by partial detachment might produce alarming hæmorrhage. The Doctor has a "great horror of instruments;" and, knowing his great love for "*consistency*," we suppose he eats with his fingers: he, of course, would not use a fork, knife, or spoon, lest it might get entangled in the mucous membrane of the mouth, and do severe and fatal damage. He, of course, does not extract teeth, remove tonsils, nasal or uterine polipi, nor use forceps in delivery. If a child gets a bean up its

nose, he, of course, "trots out his eternal" finger, and, regardless of the "beggings of the patient to desist," does his work, rather than use forceps, with which its extraction could be easily and painlessly effected. There is no accounting for tastes or opinions: we should be happy to enjoy the peaceful exercise of ours, though slightly differing from our learned cotemporary.

While we are remarking on *consistency*, let us cite another example. He says: "Does not *every one* know that the vagina is very elastic? and the gradual introduction of a hand, *well lubricated with oil, with the fingers extended, the ends of the index and little fingers touching, and the thumb lying over the palm*, CAN BE EFFECTED with little pain." Yet, a dozen lines further on, he tells us that for years he did not know it, and, until recently, he had fruitlessly "toiled and labored for days," in the attempt to reach the placenta. In his first paper, also, he sneers at such men as Profs. Meigs, Gardner, Dewees, and others, because they do not know it even now! Your readers will not understand us as questioning the truth of his statement when he says he "likes consistency:" liking and practicing are different matters. We hope your readers will not doubt Dr. Sheets' intelligence or ingenuity, when he tells them that in these previous years he had so fruitlessly tried, with all "the force he thought justifiable," to introduce his hand, "shaped into a fist, except the index finger!" He has just made the discovery how it can sometimes be done. How thankful the world should be that he has told the profession how the hand should be held! Even if, perchance, it should subsequently be discovered that some one had *previously practiced* this new method of shaping the hand, it should not be supposed that Dr. Sheets knew this before; for in his first paper he says, "we have no time to consult authorities." We hope, too, that no one will question his judgment and good taste in saying that, in abortion, the placenta can *always* be removed with the unaided finger, and in sneering at those who think differently, when in the same paper he says, "my experience is *very limited!*" With a *very limited experience*, and yet *no time to read*, we are left to infer that his time is spent otherwise than in practicing medicine—probably in making discoveries, and writing them out for medical journals, and subsequently in dealing out *pen cudgelings to unbelievers!* The apology in regard to "*time*" will be quite satisfactory with your readers, in the matter of arsenic in ague. If he has no time to read, is it his fault that he did not know it had been thus recommended previously, though every modern work on *materia medica* and the *practice of medicine* stated the fact?

Dr. Sheets' papers leave the inference that, in nearly all cases of abortion, the placenta is so *attached* to the uterine walls that it can only be removed *piece-meal*. Having been in practice twelve years, we have seen one case only where this pulling process was required, and that not in a case of abortion. We have seen many cases of abortion, and have often used instruments for the removal of the placenta; but we have never yet seen a patient die, or even lose consciousness, from post-abortional hæmorrhage. We have never used the *tampon* in post-abortional or post-parturient hæmorrhage, and we pray God we may never see an occasion. Many seem to regard a collapsing uterus like a collapsing balloon: full of wrinkles and folds for the entanglement of an instrument. Where we have practiced, female uteri are, after parturition, smooth upon the internal surface, like a distended India-rubber ball allowed to collapse, that can be swept with a suitable instrument without the least risk, in the hands of any man that has brains enough to pass the *green room*. If in Indiana uteri contract *in folds*, we would suggest to Dr. Sheets that his next subject of inquiry be to ascertain the *expulsive power that throws off the fœtus!*

Notwithstanding his horror of instruments, the Doctor tells us he *has* used them: "I have employed the hook, however, when I could feel part of the placenta *at the internal os*; but it *would tear out* as quickly as I could pierce the placenta, *without removing a particle of it!*" Here is an ingenuity that beats the fist operation by far.

These papers of Dr. Sheets constitute a rich field, that it would be interesting to cultivate yet for a while, but we must forbear. We will just crave your indulgence while we relate one case to offset Dr. Sheets' instrumental experience: A few days since, we were called to see a case of post-abortional hæmorrhage. Six days before, the woman had aborted at three and a half months. An Eclectic, of small hand (and brain), was in attendance. He broke the cord, and could not remove the placenta. For five days, how he "toiled and labored;" and could some one have told him, like Dr. Sheets, "how gladly he would have improved the lesson"! During the time, she continued to flow. When we saw her, her pulse was 120, tongue heavily loaded, the bowels extremely painful and tender, and the vagina hot and sensitive to the touch. With Dr. Sheets' paper fresh in mind, we attempted to pass the hand into the vagina. The woman shrieked in terrible agony, and implored us to desist and leave her to die. The friends present wept in sympathy, and we had no heart to go on. We were many miles from home, with no suitable instrument with us.



We asked for a *large spoon*, gave the end of the handle a curve, not unlike the clam (not *claw*) of Carey's decidual separator. With this simple contrivance we elongated the fore-finger of our right hand full five inches, reached the *opposite side of the placenta* (we did not stick it into the *lower side*, pull it out, and say the instrument was worthless), and, with the fore-finger of the left hand on the lower side, as a counter-blade of a forceps, we removed the placenta entire in less than two minutes, without pain of any severity to the patient. With tears and kind words she expressed her thankfulness; we thought of Dr. Sheets, and said, mentally, "Instruments against fingers."

Dr. Sheets says, to "peel off the placenta from the uterus is often exceedingly painful." We have never had patients to complain of the separation, or of the instrument; but we never attempted to introduce our hand, after abortion, without complaints of suffering.

We have spoken of Carey's instrument, because we have found the *clam* extremity extremely well adapted to our purpose; but we as often make one on the spur of the occasion.

Dr. E. H. Dixon, of the *Scalpel*, under the full effulgence of Dr. Sheets' luminous papers, has just invented a new instrument for the removal of the placenta after abortion. He, like Profs. Gardner, Meigs, Thomas, Dewees, and many others, has found the finger sometimes inadequate. Dr. Sheets will probably hurl at him his anathemas, for his impudence in suggesting the possibility of such instrumental necessity, and we shall have company in our misery. Dr. Dixon says: "One of the most distressing situations in which a surgeon of any sensibility can find himself, is to be called to attend a delicate woman with a retained placenta after abortion, during the second or third month." Dr. Sheets sees nothing *distressing*, and, though his "experience is very limited," he *knows* a small hand, short fingers, and long nails can *always* be made to divest such cases of the distress and mental anxiety they are likely to occasion. He is confident he has "robbed of all their terrors" post-abortional hæmorrhages. We do sincerely hope he may attain to the mature experience of a Meigs, *with this confidence unshaken*.

Taking leave of Dr. Sheets, we would remind him that "doctors will differ;" and any attempt to make them think alike, or to withhold the expression of their difference, we fear will be futile. It were better if he would not get so terribly excited over the useless attempt to make the views of all to harmonize with his own; such excitement may bring on that trouble of which he speaks: "*cacoethes carpendi*," abridge a valuable life, and its consequent useful labors.

Some of your readers may think that a physician who has "no time to consult authorities," might have *thus* better spent his time than in writing that last scurrilous article, full of scientific blunders and false statements; but such a thought would doubtless be a very great mistake: this differing of doctors, though distasteful to us, may serve the noble purpose of fixing the great discovery of Dr. Sheets, which is to bring such blessings to the suffering fair ones, more indelibly in the minds of your readers.

Begging pardon of you, my dear Doctors, and of your readers, for trespassing so long upon your pages and their patients, and wishing Dr. Sheets' discovery every success, in transmitting his name down to posterity and to fame, we remain

Yours very truly,

O. C. GIBBS, M.D.

FREWSBURG, N. Y., January 6th, 1861.

---

NEW YORK, December 21, 1860.

GUSTAV C. E. WEBER, M.D.—*Dear Sir*:—Since my last letter to you there has not been much doing here.

At Bellevue Hospital, last Wednesday, Dr. L. A. Sayre amputated a thigh, and trephined a man for epilepsy, on which occasion he used for the first time on a living subject the Galt trephine. This instrument is similar to the common trephine. The crown is conical, and has two sets of teeth—the crown and peripheral. It is made on the principle of the screw and inclined plane. Its advantage over the common instrument is, that when the crown teeth have worked through the bone, the peripheral teeth (which do the cutting) wedge themselves into the sides of the bone, and the instrument can not be pushed inwards at all; so that there is no danger of wounding the membranes of the brain, and it saves the continual probing necessary with the instrument in common use. The only fault to be found with the instrument is, that the teeth fill up very rapidly with the debris of the bone; but Dr. Galt, who was present, said the instrument used had been made by Tiemann, and was not finished properly. The inventor is Dr. G. A. D. Galt, of Virginia, a young man who graduated last winter at the Fourteenth-Street School.

The New York Pathological Society held its semi-monthly meeting on the 12th, with its usual interesting discussions. It is undoubtedly the best society in the city, and one where both young and old can profit much.

In my last I wrote you that the students in the different colleges

had held meetings in regard to seceding, but that moderate counsels prevailed and they had agreed to remain. But last week a "fracas" occurred at the Fourteenth-Street School, which will reduce their class considerably. It seems that early Friday morning Dr. P. A. Aylette (a private instructor in the school) received a letter from Prof. J. W. Draper, President of the college, charging him with tampering with the students by telling them that they were not obliged to pay for their tickets until after Christmas, and other dishonorable acts,—such as taking current money from them and returning uncurrent, receiving money on deposit and not returning it, etc. Dr. Aylette (who is blind) caused the letter to be read in the amphitheatre, and called a meeting of the students in his lecture room; where he addressed them, and concluded by saying that he could no longer remain in connection with the college (where he has been eighteen years), and if his friends wished to depart with him to Charleston he would guarantee them a diploma and defray their expenses. Resolutions were drawn up and signed by sixty-nine students\* (sixty-three southern, six northern). They have chartered a boat, and intend leaving next Friday. The students who have supported the Faculty have held meetings, passed resolutions, etc. The school seems to be in a great deal of trouble. There is a great amount of feeling manifested by both parties, and on one occasion a "free fight." It will undoubtedly hurt the University very much, as will be shown by their next annual course.

Yours, very truly,

COL. MACKENZIE, M.D.

---

## Reviews and Notices.

---

*A Practical Treatise on Phthisis Pulmonalis: embracing its Pathology, Causes, Symptoms, and Treatment.* By L. M. LAWSON, M.D., Professor of Clinical Medicine in the University of Louisiana, Visiting Physician to the New Orleans Charity Hospital, formerly Professor of the Theory and Practice of Medicine in the Medical College of Ohio. Cincinnati: Rickey, Mallory & Co., 73 West Fourth Street. Pp. 557.

We announced the appearance of this work some months since. It now lies before us, and we welcome it as the first distinct treatise on the subject by an American author. We welcome it, not only for its intrinsic merits, but also as a western production in every respect, which we feel sure, after a careful examination, will not disappoint the expectations of the author's friends, nor the general practitioner, so deeply interested in so grave and fatal a disease as phthisis pulmonalis.



Some may think that the literature of the profession on this subject is abundantly supplied, and that there is no necessity at the present time for additional works. With such we beg to differ. The observations of every one on the nature and treatment of phthisis—a disease prevailing throughout the entire country, and greatly on the increase,—are of the greatest importance. Especially is this true of those who have had large opportunities for observing and treating it. In this latter category Prof. Lawson has occupied a very favorable position: he has seen much of the disease, in private and public practice, and to a great extent has devoted his attention to the study of phthisis, and the diseases of the chest generally. He has, therefore, occupied a position which enables him to speak with care, caution, and authority; and his book is consequently entitled to a favorable reception, which we have no doubt it will receive from the profession.

The book is divided into four parts. Part first is devoted to the pathology of phthisis. Under this head we have chapter first, in which the tuberculous constitution, the physical conformation, changes in primary digestion, condition of the respiratory function, state of the circulation, state of the glands, condition of the nervous function and animal heat, are discussed. In chapter second we have an interesting discussion of what Prof. L. calls the precursory stages of phthisis, or tuberculoid condition. In chapter third we have a discussion of tuberculous deposits, physical characters of tubercle, varieties of tubercle, forms of tubercle, histology of tubercle, and the chemistry of tubercle. Chapter fourth is devoted to the condition of the blood; chapter fifth, to the secretions; chapter sixth, deposit of tubercle; chapter seventh, to the changes which occur in tubercular deposits; chapter eighth, to the changes consequent upon softening and elimination of tubercles; chapter ninth, to the distribution of tubercle; chapter tenth, to the secondary and intercurrent lesions; chapter eleventh, to tertiary lesions, including tertiary lesions of the organs of circulation, tertiary deposits in the liver, and tertiary effects on the fluids; chapter twelfth, to forms or varieties of phthisis; chapter thirteenth, to the nature of phthisis.

Part second is taken up with the etiology of phthisis. Chapter first is devoted to the congenital predisposition to phthisis; chapter second, to the causes which may induce phthisis, independent of an hereditary predisposition; chapter third, to the pathological inducing causes of phthisis.

Part third is occupied with the semeiology of phthisis. Chapter

first is devoted to chronic phthisis ; chapter second, to the symptoms of inflammatory phthisis.

Part fourth is devoted to the therapeutics of phthisis. Chapter first, treatment of chronic phthisis ; chapter second, treatment of inflammatory and acute phthisis ; chapter third, special questions in the treatment of phthisis, as change of climate, sea voyages, gestation, and topical medication.

As our space is limited, so that we can not give as many extracts from the book as we could wish, that our readers might know something of it, we have thus given the titles of the various chapters, so that a very good opinion may be formed of its scope and character. The points of especial interest in this book are the chapters on the precursory stage of phthisis, the geography of the disease in the United States, the origin of tubercle in the metamorphosis of the tissues, the evidences against the origin of tuberculosis in primary digestion, the more careful recognition of the stages of the disease in treatment, and the somewhat extended views in relation to the absorption of tuberculous material or exudation, and of tuberculous deposits. Let us permit Prof. L. to describe what he calls the precursory stage: "In the precursory stage of phthisis, we observe a more marked departure from the physiological state than belongs to the mere constitutional predisposition ; thus, the system loses weight, the strength diminishes, the secretions become still more variable, and the calorification and inner-vations sink below the natural standard. In addition to these evidences of morbid action, there is, in a large proportion of examples, more or less disease of the fauces, occasional chills, with slight febrile movements, and often variable digestion. This state of the system becomes permanent, and is not, like the more constitutional predisposition, variable in its manifestations ; nay, more, it is progressive, and if not arrested by appropriate treatment, surely and steadily advances to tubercular deposits."

The chapters on the precursory stage, and its symptoms and signs, are very interesting, and form one of the chief features of the book. We can only remark, in passing, that we do not think Prof. L. will find many to agree with him in his views concerning the precursory stage. Be this as it may, an understanding of this stage by every practical physician is of immense importance in the successful treatment of the disease.

Prof. L. devotes some thirty-four pages to what he calls "the geography of phthisis." There is much in this chapter which we would

willingly present to our readers, but space forbids. We can only give the following: "Taking all these facts into consideration, I am fully persuaded that consumption originates far less commonly in the southern than in the more northern regions, and that it gradually but perceptibly diminishes from Maine to Florida. And without claiming absolute accuracy, I believe the tables compiled from the United States census are very near the truth, and will be found sufficient guides for practical purposes: thus, the mortality from phthisis, in the eastern division, may be set down at one in three hundred and twenty-eight; in the middle division, one in five hundred and nineteen; in the western division, one in eight hundred and eighty-two; and in the southern division, one in twelve hundred and eighty-seven. This shows the mortality from phthisis to be three times greater in the northern than in the southern division." Dr. Forry uttered an opposite opinion, in 1840, and was endorsed by Dr. Daniel Drake, in his *Diseases of the Interior Valley of North America*. "The error," Prof. L. tells us, "in both these instances arose from basing conclusions on military instead of civil statistics."

We have only room for the author's conclusions as to the nature or origin of tubercle, which he believes to be the result of metamorphosis of tissue. His conclusions on this point are as follows: "1. The tuberculous element originates in the metamorphosis of the tissues; 2. It seeks elimination through the lungs, and may continue to pass in certain quantities for an indefinite period, without inducing local deposits; 3. When the morbid element reaches a certain degree of concentration, or when, by long-continued action, it produces a morbid effect on the lungs, local deposits take place; 4. The first deposit is the elementary morbid substance known as the amorphous stroma; this is followed by the development of molecular granules and peculiar cells, which constitute tubercle; 5. After the existence of solid tubercle for a given period, it softens, and the debris seeks elimination through the bronchial tubes; 6. The morbid action extends to the adjacent tissues, causes inflammation, softening, and disintegration, too often resulting in fatal disorganization; 7. The perfect uniformity of tubercle throughout the body, in whatever tissue or organ deposited, exhibits strong evidence of the specific character of the disease, and that it could not originate from the ordinary derangements of nutrition; 8. The chemical and histological character of tubercle favors the opinion that the whole process is specific in origin and development."

There is very much in this chapter worthy of careful study. We



do not, however, agree with the author: we believe and think there is strong argument to show that tubercle is the result of faulty nutrition. This chapter on the theory of tubercle is one of the best in the book, both in argument and style.

We like the part of the book devoted to the therapeutics of phthisis; and we think the every-day practitioner will find the division of the author, in describing the signs and symptoms of the various stages, as also the treatment adapted to each, to be very accurate and convenient.

Prof. L. uses the following language concerning the hypophosphites, now so much used: "I have used the hypophosphites in numerous cases of phthisis, particularly in this so-called third stage, but, it must be confessed, without any definite results. \* \* \* If, however, any one desires to test still further the hypophosphites, I would advise that they be added to the cod-liver oil mixture, or to the syrup of iron and lime, previously mentioned; for in this manner we may secure whatever advantage the articles possess, while, at the same time, we do not abandon the patient to the uncertainties of an agent so doubtful in its character."

We think we have seen decided benefit from the hypophosphites with cod-liver oil, in what Prof. L. calls the precursory stage, and in several cases where softening had commenced. Those who have given the hypophosphites much are prepared, we imagine, to enter protest against their specialty in the cure of the disease.

The chapter devoted to "special questions in the treatment of phthisis," including change of climate, will be found to be a very interesting one, and will be consulted with great profit. In regard to the cure of the disease, Prof. L. is very hopeful, under certain conditions: "The conditions which justify a favorable prognosis may be thus stated: 1. When the tubercles are limited to one lung, are not very extensive, and have not been associated with inflammation, either as a sequence or an inducing cause; 2. The general health remaining in a fair condition, without rapid emaciation, fever, or derangement of digestion; 3. A hereditary tendency to phthisis being slight or entirely absent; 4. The patient possessing naturally a good constitution, without a sanguinous or nervo-sanguinous temperament; 5. The occupation being favorable, or at least not of a character to induce phthisis, or the patient being in a condition to make a change to a more suitable business; 6. The patient having confidence in his medical attendant, and a willingness to submit to treatment, and the ability to avail himself of all incidental means and conditions capable of favoring his recovery, including a change of climate;

7. A cheerful and hopeful mental constitution, and a desire to contribute his share to the successful treatment. — The unfavorable elements of prognosis may be thus enumerated: 1. When tubercles occupy both lungs to a considerable extent, or involve a large portion of one; 2. When the disease has advanced to the stage of softening, with extensive disorganization of the pulmonary structures; 3. The general health being greatly impaired, as shown by the existence of extensive emaciation, deranged digestion, hectic fever, and night-sweats; 4. A decided hereditary tendency to phthisis, and especially if received by a son from a father, or a daughter from a mother; 5. A naturally feeble constitution, with a phlegmatic bilious temperament; 6. The occupation being unfavorable, and the patient not able or willing to make the proper change; 7. The patient being of a fickle disposition, wanting confidence and perseverance in medical treatment, and unable or unwilling to secure the advantages of a change of climate, and other incidental means of relief; 8. A desponding and gloomy cast of mind, with a presentiment of a fatal issue."

We regret to be compelled to close this brief notice. The book of Prof. Lawson will supply a want greatly felt by every practitioner, especially by those who can not afford a large library. It is eminently practical; and, written by one who has studied and treated the disease in the West, it must prove a safe guide in the management of phthisis pulmonalis. We can not omit to return our thanks to the publishers, for the printing and binding of the book, which are both creditable. Price \$3.50.

---

*On Diphtheria.* By EDWARD ST. GREENHOW, M.D., Fellow of the Royal College of Physicians, etc., etc. New York: Bailliere Bros., 440 Broadway. 1861.

The Messrs. Bailliere, to whom we are indebted for a copy of this book, have issued it in New York immediately after its appearance in London. The author occupies a high position in the profession, and has written much of great value on epidemic diseases. He tells us in his preface that he has "for the most part confined himself to the statement of facts, and in a great measure avoided the expression of theoretical opinions, which could at best be founded on but imperfect data."

The disease is considered in twelve chapters: Chapter first, preliminary observations—definition of the disease; chapter second, diphtheria in the sixteenth, seventeenth, and eighteenth centuries; chapter third, diphtheria in the nineteenth century; chapter fourth, diphtheria as a sporadic and endemic disease; chapter fifth, non-identity of diph-

theria and scarlet fever ; chapter sixth, human and brutal diseases coincident with diphtheria,—relation of place, age, sex, and social position to the epidemic ; chapter seventh, communicability of diphtheria ; chapter eighth, symptoms—description of the several grades and varieties of diphtheria ; chapter ninth, symptoms—diphtheria on the cutaneous surface and wounds, occasional concomitants of the disease, manner of death ; chapter tenth, symptoms—sequelæ of diphtheria ; chapter eleventh, morbid anatomy of diphtheria ; chapter twelfth, suggestions of treatment. 、

Our readers will be enabled to form a correct idea of the character of the book. At the present time, when diphtheria is prevailing in all parts of the country, this work will afford valuable aid and assistance in the study and treatment of the disease. We therefore recommend it to all seeking information concerning the disease. Price \$1.25.

---

*The True Physician: An Anniversary Discourse, delivered before the New York Academy of Medicine, November 7th, 1860. By JOHN WATSON, M.D., President of the Academy. Published by order of the Academy. New York: S. S. & W. Wood.*

We are under obligations to the distinguished author for a copy of his able address. There is nothing that falls from the author's pen which does not please and instruct us. This address has eminently had this effect. We wish that it was in the hands of all our readers. That Dr. Watson is a scholar and a gentleman no one will doubt, after having read this address.

Our space is so small, and the address so rich in passages at once so true and so eloquent, that we have room but for one or two extracts. In speaking of the qualities of a good physician, we find the following: "With fitting opportunities and careful study, most men may learn to recognize the ordinary forms of disease, and to distinguish these from one another ; but the power of detecting diseases in their obscurer shades, at seasons and under circumstances uncommon to them, when latent, complicated, perverted, or masked by their concomitants, belongs, as a special gift, only to the well-trained practical observers. Skill of this kind, in its highest degree, is never the result of education, merely ; it is no simple acquisition of the class-room ; it is never reached through the abstract study of logic or philosophy ; but, whilst it implies careful preparation and a fair amount of practical training, it implies, beyond these, something proper to the individual : a mind imbued with the love of truth, and with zeal in its pursuits ; a judgment quick, accurate, and discriminating ; habits of



investigation, of intense reflection, of looking beyond appearances to things as they are; disposition and ability to win and secure confidence, powers of combination, of comparison and analysis, insight into ruling motives; a knowledge of the world, and especially of the habits, circumstances, language, and expressions of the sick; and, added to all these, a ready perception of the ever-varying phases of disease, their import and tendency, as well as of the agencies, immediate or remote, that modify or induce them."

Dr. Watson being a surgeon himself, has a high idea of what every surgeon should be. We have room but for his description of the good surgeon. "'The surgeon,' says Guidode Canliaco, 'should be courteous and condescending, bold in security, cautious in time of danger, avoiding impracticabilities, compassionate to the infirm, benevolent to his associates, circumspect in prognostication, chaste, sober, pious and merciful, not greedy of gain, no extortioner, but looking for his fee in moderation, according to the extent of his services, the ability of his patient, the result of his treatment, and a proper sense of his own dignity.' Golden words, these! as true at the present hour as when uttered by that brave old prince of surgery, five hundred years ago."

---

*Transactions of the Fifteenth Annual Meeting of the Ohio State Medical Society, held at White Sulphur Springs, June 12, 13, and 14, 1860.*

We casually noticed the volume of Transactions of our State Society for 1860, in our last issue. In most respects we consider it the most valuable, as it is certainly the most attractive volume our Society has ever produced. The first in order of the papers embraced is the very excellent and eloquent address of the retiring President, Dr. Firestone, of Wooster. The remarks of Dr. Firestone on medical education are especially worthy of careful perusal and remembrance. Next is the report of Prof. M. B. Wright, the Committee on Obstetrics. The report is somewhat lengthy, and Dr. Wright has discussed a variety of topics of interest: thus, the question as to whether sexual intercourse and pregnancy can take place during sleep; criminal abortion; the delivery of the placenta, the Cæsarian section, embracing a very interesting case from Dr. Fries, of Cincinnati. Dr. Wright has some peculiar notions upon the use of the pessary, cephalic version, etc., which find a prominent place in the present report.

Dr. McMeens, of Sandusky, gives a very carefully matured report on the use of *Cannabis Indica*; indeed, we consider this one of the best papers of the volume, particularly in a practical point of view.

The report on Medical Literature is by Dr. E. B. Stevens, of Cincinnati.

The Effects of Chloroform upon the Intellectual Processes is the title of a very valuable report by Dr. Thos. L. Wright, of Bellefontaine. We should be glad if we had space to follow the thread of this paper, and its more important points. Dr. Wright has discussed the subject with the spirit of a philosopher; and his argument will be read with a great deal of interest. The whole paper, which is quite lengthy, is summed up with several propositions, the most important of which are— "5th. The evidence of a person respecting transactions that occur to the mind while partly conscious, is always liable to the most monstrous fallacies, and it should not be received as sufficient proof of any fact; 6th. Evidence of females respecting rape upon themselves while unconscious from chloroform, is particularly liable to suspicion." Dr. Wright deserves great credit for his report.

A brief obituary notice of Dr. Ackley, late of Cleveland, is given by Dr. C. P. Landon.

Dr. Metz, of Massillon, contributes a full and valuable report on Diseases of the Eye. We have otherwise spoken very cordially of this paper.

Dr. W. H. Reeves gives three cases of Inflammatory Disease of the Neck of the Uterus, calling attention to the importance of local treatment in many of these cases.

The report on Medical Societies is by Dr. Mitchell, of Mansfield.

Dr. Gundry's report on Insanity closes the volume. This careful and mature report properly belongs to the Transactions of 1859; but being omitted from that volume, by the vote of the Society, is incorporated in the present.

We find quite a number of errors in the list of membership, though this is no fault of the committee; and we suggest that the members at large unite in an effort to correct up the list, for convenience of reference.

---

*A Hand-Book of Hospital Practice; or, an Introduction to the Practical Study of Medicine at the Bedside.* By ROBERT D. LYONS, K.C.C., M.R.T.C.D., etc., etc., Physician to the Jervis, etc., etc. New York: S. S. & W. Wood, Broadway. 1861.

This is a most excellent and valuable book, and should be in the hands of every student; indeed, it is a book without which no student can profitably attend clinical lectures, or watch the progress of disease at the bedside. It gives directions for the thorough and com-

plete examination of every organ of the human body ; and, in one word, describes everything belonging to clinical examination. " Forms for reporting cases " are given, which will be of great service to the student and young practitioner, who have not received such valuable instructions in the wards of a hospital, under the care of a good physician. There is so much that is good in the book, that we cordially recommend it to our readers.

For sale by Rickey, Mallory & Co., Fourth street, Cincinnati, O. Price \$1.00.

---

*Sixth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum ; to the Governor of the State of Ohio.*

From this report we learn that there were 156 patients in the Asylum at the close of the year 1859, and that 127 have been admitted during the last year ; of this latter number, 60 were males and 67 females. 37 males and 27 females were discharged cured ; improved, 1 male and 1 female ; unimproved, 17 males and 35 females ; died, 6 males and 2 females. There was remaining in the Asylum, January 1, 82 males and 75 females. The health of the inmates has been excellent. We find, again, that the occupation of farming has furnished 20 patients during the year, and that of laborer, 17, tailor, 3, etc. Among the causes we find intemperance in 11 cases ; the puerperal condition, 13 ; domestic troubles, 9 ; masturbation, 5 ; religious excitement, 6 ; business perplexities, 7 ; uterine disease, 5. Of the forms of insanity, 64 suffered from mania ; 25 from melancholia ; demented, 7.

The Superintendent calls the attention of the Trustees to a class of patients,—epileptics. He says, truly, that the Legislature should provide a house for them, as they need all the care demanded by insane patients, and still are unfit for a lunatic asylum. With this opinion we heartily concur, and go further, and say that it is great injustice not only to the insane, but to the epileptics, to confine them in the same house.

---

*Twenty-Second Annual Report of the Central Ohio Lunatic Asylum, for the year 1860.*

From the interesting report of the Superintendent, Dr. Hills, we learn that the number of patients in the Asylum, November 1, 1859, was 111 males, 103 females : total, 214. Admitted during the year, 98 males, 110 females : total, 208. Entire number under treatment for the year, 422. There were discharged,—recorded, 101 ; improved, 24 ; unimproved, 31 ; died, 14 : total, 17 ; and there are remaining



in the Asylum, November 1, 1860, 252. Incorporated in this report we find a very valuable and interesting table of the asylums for the insane (State and private) in the United States, giving in tabular form all the important statistics of each. This table was originally prepared by Dr. R. J. Dunglison, of Philadelphia, for the *North Am. Med.-Chir. Rev.* The expense of sustaining this Institution for the year ending November 1, 1860, was in round numbers about \$40,000.

---

*Braithwaite's Retrospect of Medicine and Surgery.* Part XLII. New York: W. A. Townsend & Co. 1861. Price \$2 per annum.

*The Half-Yearly Abstract of the Medical Sciences.* Edited by W. H. RANKING, M.D., and C. B. RADCLIFFE, M.D. No. 32, July to December, 1860. Philadelphia: Lindsay & Blakiston. 1861. Price \$2 per annum.

These old and well-known publications continue to reach us with their accustomed promptness; and they still present to the profession a vast amount of the freshest gleanings of the current medical periodical literature. The present numbers are unusually rich and valuable.

---

### Editor's Table.

---

*Hygiene of the Sewing Machine.*—The greatly increased use of sewing machines in the families of this country, and even amongst the comparatively poorer classes—those who are mainly dependent upon the needle for a livelihood,—makes it very proper that medical men should interest themselves in the inquiry as to the hygienic influences of this wonderful labor-saving machine. Dr. A. K. Gardner, of New York, recently brought the matter before the New York Academy of Medicine, presenting a large number of facts and inquiries bearing upon the subject. We find his paper reported for the *N. Y. Medical Times* of 15th Dec. ult. Dr. Gardner pronounces the sewing machine, even taken in the hygienic aspect, “the great boon of the nineteenth century to the women of Christendom and of the world;” and claims that “it has *manumitted the white slave.*”

“The world requires for a necessity a certain amount of sewing. The sewing machine does the work of twelve persons; therefore either but a twelfth of the persons employed is necessary, or the work is done in a twelfth of the time. Supposing this work is done under the same circumstances of foul air and by the midnight lamp, the amaurotic eyes and the consumptive's hectic cheek are diminished one-twelfth. . . . But here comes the argument which this paper is especially

intended to meet; for it is alleged by some in objecting to sewing machines, first, that sewing machine work is inferior in looks, strength and consequent durability of wear, to hand work (which statement, with a simple, but forcible denial, I pass by for more legitimate themes); and secondly, that the working of the machine not only aggravates, but originates disease."

Dr. Gardner has not been content with giving the results of his own casual observation on these two inquiries, but has taken the pains to visit large factories, as the Douglass-&-Sherwood manufactory of skirts, where for several years they have run two hundred and fifty Wheeler-&-Wilson machines constantly, and instituted a careful research into these matters. His conclusion is, that especially in the so-called "female diseases," but also in all affections and accidents that might in any way be supposed to be influenced by the use of the sewing machine, there have been no injurious effects. These brief quotations fail to do justice to Dr. Gardner's paper; but we have in these few words given his conclusion, which we think has followed from a candid and patient inquiry in the points of the case.

We have had some opportunity of studying this hygienic and domestic question, and we have no doubt of the correctness of the views given above. For some time past a Grover-&-Baker machine has been in regular use in our household, and we are prepared to speak of it and commend it—both from the excellence of the work done, and the comfort with which it is accomplished.

---

*The Year-Book of American Contributions to Medical Science and Literature.*—Dr. O. C. Gibbs wishes us to say that, because of the unsettled state of national affairs, his proposed *Year-Book* will be delayed for a time. He is, however, in hopes to issue some time during the coming three months. So soon as *one thousand* names are received as subscribers, the work will be put to press. Thankful for the kind words spoken for him by nearly all journals, and the expressions of encouragement given by subscribers, he must still ask his friends to continue to labor in behalf of the *Year-Book*. He has spent much time and money in starting an enterprise that he had hoped would meet a professional want, and do honor to American medicine. A professional expression of sympathy and encouragement is all that is wanting to insure success and perpetuity to the enterprise. Every physician in the country should become a subscriber, and thus acquaint himself with the opinions of his contemporaries. If one in ten will aid in the enterprise, a *summary* of American medical literature and progress will be given to the profession. We

know of no work of ten times the cost that will give the same amount of information. Terms \$3 per year, to be paid on the issue of the work. Subscribers should direct at once to O. C. Gibbs, M.D., Chautauque county, N. Y.

---

*Secession of Medical Students from the N. Y. University.*—In further explanation of the difficulty in the University Medical College, alluded to by our New York correspondent, we will only add: The difficulty was a personal one—not by any means political, as it was at first represented. The friends of Dr. Aylette felt aggrieved at the action of Dr. Draper, the Dean of the Faculty, and as the result of their expressions of indignation Dr. Draper felt impelled to tender his resignation,—but this was overruled by his colleagues, who unanimously and heartily sustained him; and, indeed, it appears a reaction took place amongst the students at a subsequent meeting, when the circumstances were more fully stated which had influenced the Faculty and its President in the whole matter of the difficulty with Dr. Aylette. We learn that very few students actually withdrew, and as we have already said, the whole affair, discreditable and unreasonable as it seems to have been, was simply a personal squabble and not a “southern stampede.”

---

*The Ohio College of Dental Surgery* held its annual commencement at the Dental College edifice, in Cincinnati, on the evening of February 20. Dr. Aydelotte, President of the Board, delivered an address upon “Human Knowledge, Natural and Supernatural—its Claims and Foundation.” Diplomas were granted to the following gentlemen: A. Evans, of Cincinnati; G. S. Allen, of Cleveland; Wm. Wasson, of Indiana; Griffis, of Hamilton, O., and H. D. Ross, of Canada West. Prof. J. Richardson made the valedictory address, which is spoken of as very appropriate. Mr. Evans responded, on behalf of the class.

---

*An Obstetrical Annual.*—Prof. D. Warren Brickell purposes to issue a Year-Book devoted to obstetrics and the diseases of women. It will contain from four hundred to six hundred pages, and be issued on the first of January of each year. The subscription price—*payable invariably in advance*—four dollars per annum, or fifteen dollars for four subscribers. The work will be commenced on the cash principle only, and the patronage of the real friends of medical literature is respectfully solicited. Early remittances are asked, in order that it may be



ascertained whether the expense of the undertaking will be met. Patrons may rely on it, that with each year improvement as to size, etc., will be instituted to the fullest extent warranted, as the object is not to erect a money-making machine, but to exalt and improve a most neglected branch of medicine. Exchanges, subscriptions, and communications of every kind are requested to be directed to D. Warren Brickell, M.D., Box 346, New Orleans.

---

*The New Orleans Medical News and Hospital Gazette.*—The seventh volume of this excellent monthly closes with the February number; and with it Dr. D. W. Brickell retires from his editorial connection with the journal, and is succeeded by Dr. Anthony A. Penniston. We regret that the pressing engagements of Prof. Brickell make it necessary for him to withdraw from a position to which he has so truly added grace and dignity. He will carry with him the good wishes of the editorial fraternity, as well as of the many readers of the *Medical News and Hospital Gazette*. We cordially welcome Dr. Penniston, who, with Dr. Fenner, will doubtless sustain the well-earned reputation of that journal.

---

*The Louisville Medical News.*—We have just received the December, 1860, number of this journal. With this number the *Medical News* ceases to exist. Cause: want of *paying* subscribers. It is also several months since we heard anything from the *Louisville Medical Journal*, and we begin to fear it too, has come to an untimely end. With men of decided editorial ability, with abundant material for sustaining a first-class medical journal, it is a great shame that the friends of *Medical Journalism* in Kentucky have not exerted themselves with more zeal for its support; at least one good medical journal should be sustained in Louisville, and well sustained. We part company with Dr. Benson with sincere regret.

---

*The Eclectic Medical Institute* recently held its commencement for the winter course; sixty-five matriculants were announced as comprising the class. Considering that this city is the hot-bed of the "Cayennes," and that less than six years ago this same school claimed a class of between two and three hundred, this twenty-five per cent. will do very well.

---

—By 1st March Dr. L. M. Lawson will have returned to Cincinnati, and resumed the practice of his profession as usual.

*New Books.*—Prof. Gross announces in the last number of the *North Am. Med.-Chir. Review* that he is engaged on a new work: the Injuries and Surgical Diseases of the Scalp, Skull, and Brain and its Membranes. He solicits the coöperation of the profession in contributing to its material.

Harper & Bros. have recently issued a new edition of Prof. Paine's great book on the Institutes of Medicine. We are gratified to see a demand for this work that is so justly complimentary to its author.

S. S. & W. Wood, of New York, have republished a small volume on the Successful Treatment of Diabetes, by John M. Camplin, M.D.

Lindsay & Blakiston, of Philadelphia, have just published a volume of American Medical Biography, by Prof. Gross, a small work on the New Movement Cure, by Dr. Taylor, of New York city, and a work on Mechanical Dentistry, by Prof. J. Richardson, of Cincinnati.

---

*Cincinnati College of Medicine and Surgery.*—This school held its commencement early in February, at the close of a three months' course of lectures. They claim one hundred and twenty matriculants, and we learn there are about thirty graduates.

---

MESSRS. EDITORS :—*Sirs* : Will some of your numerous readers be so kind as to give the result of their experience in the use of the hypophosphites, in the treatment of pulmonary phthisis and tubercular diseases ?

A YOUNG PRACTITIONER.

---

— We have received the first report of the superintendent, Dr. O. M. Langdon, of our County Lunatic Asylum (Long-view). We shall have something to say of it in our next number.

---

*Erratum.*—In the notice of Prof. Lawson's book, read *specificity* for the word *specialty*, on page 177, twenty-third line from the top of the page.

---

*Woorara.*—Dr. Vella, the physician who applied this substance in a case of tetanus on the battle-field of Magenta, reports to the Académie des Sciences a number of experiments made by him to establish its value as a therapeutic agent. He claims that woorara, besides being a sovereign remedy in tetanus, is almost an antidote for strychnia, to which conclusion he has come from his experiments upon dogs.—*Seance du.*

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

## SURGICAL.

1. *Reduction of a Dislocated Humerus after Eighteen Weeks.*—W. S., a farmer of Herkimer county, N. Y., 60 years old, was overturned in a wagon, October 13, 1859, and received a severe injury of the left shoulder-joint. The humerus was found fractured near the upper joint. Under judicious treatment this fracture resulted in perfect union within six weeks. In two months more there remained inability to raise the arm, and a thorough examination now revealed a dislocation of the humerus downwards and forwards. Eager to obtain relief, the patient entered the Albany City Hospital, February 18, 1860, where Dr. J. Swinburne attempted the reduction by forcible extension. The head of the bone was considerably thickened and there were indications of fibrinous deposits in and about the axilla. Extension in the usual way proving unavailing, it was attempted by pulleys. In this way the head was brought to the socket, but did not remain there longer than the extension was continued. After two hours of fruitless efforts, recourse was had to permanent and constant means. A large wedge compress being crowded into the axilla, it was retained there by means of a strap and buckle over the shoulders; the arm was carried forwards over the chest and confined there, while the elbow was pressed upwards by means of an appropriate string. The patient was then placed in bed and the shoulder swathed in cold cloths. When in a few days the subsequent soreness and swelling had subsided, the position of the humerus appeared somewhat better, and the pressure upon the axillary plexus diminished; the acromion, however, formed still an abnormal protuberance, with a considerable depression below. Reductive efforts were now continued for twelve days by weight and pulleys, resulting in a decided progress. But the tedium and weariness connected with a constrained recumbent position soon proved a serious disadvantage of this treatment, and in order to relieve the patient from them, the extensory apparatus was so arranged as to enable the bearer to walk around with it, extension being effected by straps attached to a crutch-like splint with a well padded compress for the axilla. Adhesive straps were applied around the arm so as to form a loop, and prevented from sliding by circular plasters. A strong cord, drawn through the top, was then passed over the lower end of the splint and fastened to its inner side. The result must be a steady, prolonged reductive operation, and the patient regained in fact with that apparatus the nearly complete use of his arm.—*Med. and Surg. Reporter.*

2. *Reid's Method.*—Prof. T. G. Richardson reduced, eight days after the occurrence, a dislocation of the head of the femur into the thyroid foramen, by seizing the limb above the ankle, flexing the leg



at the knee joint and the thigh upon the pelvis, bearing down the latter upon the left side of the abdomen, carrying the knee over the umbilical region, and then rapidly extending the limb, drawing it at the same time obliquely underneath its fellow. In ten days the patient left the hospital. Notwithstanding this ready and comparatively easy success, Prof. Richardson is not prepared to recommend manipulation as a substitute in all cases for the old method of extension by means of pulleys. It is without doubt a great improvement in the surgical art, but, when abused, is liable to do great mischief to the soft part around the joint.—*North Amer. Med.-Chir. Review.*

Prof. E. Andrews, of Lind University, reduced, without difficulty, a recent dislocation of the hip into the sciatic notch by the same method.—*Chic. Med. Exam.*

3. *Compound Fracture of the Skull.*—A case of this kind, reported by Dr. A. H. Buchanan, of Nashville, Tenn., was complicated with a wound of the superior longitudinal sinus. A young negro woman had been struck upon the top of the head with a flat-iron. There was a large gash in the integument, and the anterior superior part of the parietal bone fractured and depressed to the extent of half a dollar. The fragments were taken out without resort to the trephine; but in removing the last fragment, which was shelving under the sagittal suture, a stream of blood as large as the little finger poured out upon the dura mater, proceeding from a rent in the longitudinal sinus just under the anterior part of the sagittal suture. The blood flowed or boiled out, as if poured from the mouth of a small pitcher. It was readily restrained by applying the finger to the rent, and afterwards by the application of a sponge large enough to fill the hole in the bones. The integuments being brought together, a compress and bandage was firmly applied, so as to hold the sponge securely in its place, which entirely arrested the hæmorrhage. The case progressed favorably, and it was only at the end of forty hours that the woman became feverish and restless, complaining at the same time of pain in her head. All these symptoms increased until the fifty-sixth hour, when the dressing was changed. On removing the sponge, the blood again flowed freely from the sinus, but was easily stopped by slight pressure. The cavity was now filled with lint, and this pressed up against the sinus by a probe. The integuments were then brought in opposition, but prevented from uniting over the lint by having a slip of linen between them. Compress as before. The fever and headache soon subsided. The bowels were kept open with epsom salts, and only a light diet allowed. Twenty-four hours afterwards, on examination, no more hæmorrhage occurred. The dressings being renewed every day or two, the woman continued to improve and got well.—*Nashville Jour. of Med. and Surg.*

Prof. T. G. Richardson, of the University of Louisiana, reports three cases of compound depressed fractures of the cranium, in none of which there was any of the usual symptoms of compression of the brain, and avails himself of this opportunity to point out some needed modifications of the usual treatment of such injuries. While not ob-

jecting to picking out such pieces of bone as are completely detached from their connections with the dura mater and pericranium, or so nearly so that their vitality must be inevitably lost in the subsequent reaction, nor hesitating to remove a jagged or splintered fragment that might be sticking through the dura mater into the brain, he does not understand the necessity of removing the bone simply because it is found resting upon the dura mater. He maintains, in defense of this view, that the depressed bone is not the cause of inflammation of the encephalon, either directly or indirectly, by pressure, the condition named being rather dependent upon the bruising, laceration or jarring to which the organ has been subjected, and perhaps not unfrequently upon the operative injury inflicted in the removal or elevation of the depressed bone. It is shown, by Laurie and King's statistics, that of twenty-six cases of compound cranial fractures, eighteen were cured and eight died without trepanation; fifty-one were operated on, and of these eleven only escaped death. It is, finally, admitted by all, that epilepsy is but rarely ascribable to depressed fragments of bone allowed to remain in their unnatural position.—*North Amer. Med.-Chir. Rev.*

4. *New Treatment for Trichiasis.*—Dr. Anagnostakis, of Athens, proposes, for the cure of this affection, the curling upwards of the eyelashes. He uses for this purpose a pair of miniature curling tongs gently heated, and covers the globe of the eye with damp paper. The "innocent manœuvre" is repeated from time to time, until the lashes take their normal direction.—*London Lancet.*

5. *Acupressure.*—This method of controlling hæmorrhage, proposed by Simpson, was practised by Dr. Van Buren in the New York Hospital on a healthy young man, aged 23 years, after a secondary amputation of the lower third of the fore-arm. The method of anterior and posterior flaps with circular division of muscles was adopted; the tendons were also drawn out of their sheaths to a moderate extent and cut off in the manner lately advised by Dr. H. Crosby. (*Med. Times and Gaz.*, I., 1860, p. 86.) Three common Berlin wire wove pins, about two and a half inches in length, were used, one for each the radial, ulnar and interosseous arteries, the extremity of each needle being in the cutaneous surface of the palmar flap, as the stem of a flower is fastened to the lapel of a coat. No ligatures were applied; the stump was closed by seven silver wire sutures. Some slight oozing occurred the same evening from the outer angle of the wound, but ceased spontaneously. Forty-eight hours after the operation, but moderate swelling having ensued, the needles were carefully withdrawn, and on the eighth day the sutures were also removed, union by first intention having taken place through the deeper portions of the stump, and but a slight linear ulceration being visible at its periphery. This speedily cicatrized, and the patient was discharged two months after the operation.—*Amer. Med. Times.*

Dr. Syme, of Edinburgh, expressed his views in reference to this new operation lately before the Royal Medical and Surgical Society. In his opinion, acupressure is not calculated to improve the practice of

surgery. The needle process is in most cases hardly practicable, and in some not practicable at all ; if ligatures are objectionable, which is not yet proved, there is a better substitute than acupressure in torsion. Dr. Spencer Wells, on the other hand, found the superiority of the needle over the ligature most marked. He thinks acupressure will prove a most useful means of suppressing hæmorrhagia, and had learned its utility in compressing varicose veins ; he believes also that it will hereafter supercede the ligature in the treatment of aneurism.—*Med. Times and Gaz.*

6. *Injuries Simulating Fractures of the Skull.*—A man was thrown from a wagon and taken up in an insensible condition. On the occipital bone a distinct depression was found with one well defined edge, but no injury to the scalp ; pulse not as slow as in most cases of depression. No treatment was decided on, and in two hours the man was perfectly conscious and made a rapid recovery, the depressed spot proving to be an accidental irregularity. A boy, aged twelve years, had, from a similar cause, the scalp separated from a portion of the occipital bone, but not torn. The separated patch was distended with blood, making a soft fluctuating tumor, at the lower part of which a blunt edge was felt with an apparent cavity above it. The patient was comatose, but the breathing not stertorous, nor did the pulse indicate compression. On opening the tumor and exploration of the cavity with the finger, the skull proved perfectly sound ; the prominent ridge was the upper end of the trapezius muscle, torn from its insertion.—*PROF. E. ANDREWS, Chicago Med. Exam.*

7. *Prostatorrhœa*, a new affection, is defined by Prof. S. D. Gross, in an essay lately read before the Medical Society of the State of Pennsylvania, as a mucous discharge from the prostate gland, dependent upon irritation, if not actual inflammation, of the component tissues of that organ. This disease has hitherto been always confounded with other morbid conditions. In most cases it is traceable to venereal excesses, chronic inflammation of the neck of the bladder, stricture and other diseases of the urethra, sometimes to disorders of the lower bowels, hæmorrhoids, etc. It is a very common result of masturbation, and may also follow the exhibition of certain remedies, such as drastic cathartics, cantharides and spirits of turpentine. The principal symptom is the discharge of a generally clear and transparent mucus, varying in quantity from a few drops to a drachm and upwards in twenty-four hours. Seldom it is puriform, and still more rarely purulent. When considerable, the flow keeps up almost a continual moisture of the orifice of the urethra—and it may even stain the patient's linen. The most copious evacuations generally occur while the patient is at the water closet, engaged in straining. The discharge is often attended with a peculiar tickling sensation, proceeding from the prostate gland and frequently extending along the whole urethra. Not a few patients experience a dropping sensation ; as if the fluid fell from the prostate gland into the urethra. A feeling of weight and fatigue in the region of the gland, uneasiness in voiding the urine, a frequent desire to empty the bladder, and other anomalous symptoms



often present themselves. At the same time, the patient's mind suffers to an astonishing degree: haunted by dreadful imaginations, he is incessantly engaged in trying to obtain relief, running from one practitioner to another, etc. In the worst form of the affection he becomes morose and dyspeptic, and spends his time literally in watching for the discharge which is the source and cause of his terrible sufferings. The pathology of this affection, which is commonly confounded with spermatorrhœa, and to which most cases of diurnal spermatic emissions seem to be referable, consists in some disorder of the prostate gland, especially of its follicular apparatus—at times of a real inflammatory nature, but occasionally only heightened functional activity, connected with disorders of the neighboring parts. The prognosis is generally favorable, although the affection proves often very obstinate and may be extremely difficult in its management. In the treatment, the exciting cause ought, if possible, to be removed. A thorough exploration of the urethra and the whole genito-urinary apparatus, also of the anus and rectum, is never to be neglected. Having then ascertained, in addition, the habits, temperament, usual diet, etc., of the patient, the surgeon will be enabled, in most cases, to institute something like a rational treatment. In many cases tonics are indicated, such as iron and quinine, a nutritious diet with a glass of generous wine; gentle exercise in the open air, either on foot or in an easy carriage. Riding on horseback must be avoided. A good formula is a combination of tincture of the chloride of iron, twenty drops, with ten drops of the tincture of nux vomica, four times a day. Plethoric patients may use with advantage the antimonial and saline mixture, care being taken not to nauseate. Among the more important topical remedies are: moderate sexual indulgence, cooling and anodyne injections, or weak solutions of nitrate of silver and laudanum, or Goulard's extract with wine of opium, one or two drachms of each to ten ounces of water, thrown up forcibly with a large syringe three times a day, and retained three or four minutes in the passage. Very obstinate cases may require cauterization of the prostatic portion, or of the whole length of the urethra, once a week. The cold hip bath should be used twice a day, and the lower bowels kept cool and empty. If the disease does not gradually yield, leeches may be applied to the perineum and around the anus.—*North Amer. Med.-Chir. Rev.*

---

## MATERIA MEDICA.

8. *Caustic Lint*.—Dr. Riboli dissolves nitrate of silver in a small quantity of water, soaks pledges of lint in this solution and dries them. Applied to ill-conditioned ulcers, this caustic lint is said to be of more permanent effect than the lunar caustic in a liquid state. As the author proposes different degrees of concentration for the solution, the activity of the treatment may be varied so as to suit the individuality of the case.—*The Druggist*, I., 5, from *Dublin Hosp. Gaz.*

Another kind of caustic lint is used at the hospital of St. Jean de Dieu, by Dr. Pinilla, for the cure of hospital gangrene. He covers

the affected place with lint soaked in concentrated sulphuric acid, filling up any hollows with pellets prepared in the same manner. The pain is stated to be excessive for two hours. It then diminishes gradually, and a hard dry surface remains, which separates in eight or ten days, leaving a healthy looking wound.—*Ibid.*, from *Med. Times and Gazette*.

9. *Chlorate of Potassa*—Fifteen grains in solution, three times a day, proved to Dr. S. C. Shapard, Flat Creek, Tenn, a sovereign remedy against sore mouth of nursing women.—*Nashville Jour. of Med. and Surg.*

The toxical effects ascribed to this remedy are represented as wholly unfounded, by Dr. E. S. Fountain. He experimented on himself with half ounce doses, and gave the same quantity daily for the arrest of tubercular diseases, with remarkable success.—*Boston Med. and Surg. Journal*.

10. *Curious Effects of Flax-seed*.—Mr. Chabrely has seen the application of a flaxseed poultice on a blister followed by œdema of the glottis and a papular eruption over the whole body. When the poultice was removed, these symptoms soon disappeared. A grocer could not handle ground flax-seed without experiencing something like angina pectoris, accompanied by a papular eruption and itching; he could touch linseed oil with impunity. But the most curious case was that of a lady in whom the simple smell of flax-seed produced violent asthma and covered her body with an erythema. As soon as she touched ground flax-seed, all the mucous membranes became irritated and itching. The only remedy was to carry her into the open air. Impressed by these facts, Chabrely recommends to replace flax-seed poultices by those of rice flour cooked with water, but applied cold. Prof. Chaumer, who has them already adopted in the hospitals of Bordeaux, finds them eminently antiphlogistic and useful.—*Philadelphia Med. and Surg. Reporter*, from *Jour. de Méd. de Bordeaux*.

11. *Polygonum Aviculare* (Knot-grass, Goose-grass) is a valuable astringent, says Dr. Paret, (*Gaz. des Hôp.*) The infusion has no disagreeable taste. The plant furnishes 26.87 per cent. of a reddish brown extract with an astringent taste, apparently containing a large proportion of tannin.—*Jour. of Maryland College of Pharmacy*.

12. *Erythroxylon Coca*, a plant highly valued as food and as medicine by the inhabitants of Peru, Chili and Bolivia, has been the object of investigations instituted by Dr. Mantegazza with a view to ascertain the therapeutical value of it. In a prize essay, published at Milan, 1859, he arrives at the following conclusions. The leaves of the coca, chewed or taken in a weak infusion, have a stimulating effect upon the nerves of the stomach, and thereby facilitate digestion. In a large dose, they increase the animal heat and augment the frequency of pulse and respiration; too large quantities cause delirium, hallucinations and congestion of the brain; but a medium dose (three or four drachms) excites the nervous system in such a manner that the movements of the muscles are made with greater ease; then it has a calm-

ing effect. The most prominent peculiarity of coca is the exalting effect it produces, calling out the power of the organism without having afterwards any sign of debility. It is consequently a powerful nervine and analeptic. The natives have used it from the earliest period, not only as a stimulant, nutrient and restorative almost indispensable to all classes, particularly the workingmen, but as an actual remedy in flatulency, dyspepsia and colic. This, in conjunction with the result of the experiments referred to, induced the author and other physicians in South America and Europe, to employ coca leaves on a variety of diseases, partly as a masticatory, partly as powder, infusion, or the alcoholico-aqueous extract, in the dose of ten or fifteen grains, and as injection. The most excellent results were obtained in dyspepsia, gastralgia, enteralgia; in cases of great debility following typhus fever, scurvy, anæmic conditions; in hysteria and hypochondriasis. The coca might also be employed with great benefit in mental diseases, as a substitute for opium. It has a good sedative effect in spinal irritation, nervous crethism and idiopathic convulsions. Mantegazza found the aphrodisiac virtues ascribed to it confirmed only in a few cases, but he proposes its use, in the highest dose, in hydrophobia and tetanus.—*Oesterr. Zeitschr. f. Prakt. Heilk.—North Amer. Med.-Chir. Review.*

13. *Tannate of Bismuth* is a new composition, lately reported to the French Academy, by Dr. Cap. Some experiments made by Demarquay and Trousseau tend to prove that this salt possesses anti-diarrhœic properties. Dr. Chatin thinks that perhaps the merit of the new preparation consists in its being decomposed in the intestines, thus depositing there separately tannic acid and bismuth. For the present, only a fair trial is asked.—*Gaz. Hebdom.; North American Med.-Chir. Review*, March, 1860.

14. *Secale Cornutum in Affections of the Eye*.—Dr. F. V. Willebrand (*Graefe's Archiv*, Bd. IV., Abth. 1,) has employed the spurred rye with great success in different forms of ophthalmic diseases, especially where a more active contractility of the vascular walls or such other parts as are provided with smooth muscular fibres, appeared as the condition of the cure. This is particularly the case in disturbed accommodation of the eyes. A lady, twenty-eight years old, who found herself unable to sew or read for more than five minutes at a time, without having any other symptom (except a gradual decrease of the menses), took ten grains *secale cornutum* with carbonate of magnesia four times a day, and had her eye-sight restored in a few days. A relapse occurring in four months, yielded speedily to the same remedy, and a number of other cases soon confirmed the utility of the same. The doses ought to vary according to age: five grains are on the average sufficient for adult persons. Where chlorosis exists, iron may be added. In a case of exophthalmos with bronchocele and disease of the heart in a woman of thirty-four years, the use of the same remedy for six weeks resulted in diminishing considerably the hypertrophic condition of the heart and thyroid gland, as well as the protruding of the eyes. Some benefit was also derived from the *secale* in



several cases of acute and chronic ophthalmia, especially blepharitis and pustulous conjunctivitis of children : the patient recovered quicker than with any other treatment, as soon as the internal use of the secale was added to the usual topical application. Against granular conjunctivitis the remedy seems to be unavailing.

---

#### OBSTETRICAL.

15. *Ovarian Tumors Simulating Pregnancy.*—One case of this kind is described by Dr. W. C. B. Fifield, of Weymouth, Mass. The woman, twenty-four years old, mother of one child, perceived in April a change in her health and felt certain she was pregnant. Vomiting came on, first irregular, but soon continual, so as to go on day and night, from the last of July till the last of October. All food was rejected except molasses and water. Of remedies, calomel and effervescing draughts were best borne. The menses remained regular till September. Occasional pains in the back and abdomen for some months. The abdomen increased in size so rapidly that by the sixth month she appeared as if pregnant in the ninth. No motion was felt. Urine scanty ; dyspnoea not marked. In October, the tumefaction of the abdomen reached the ensiform cartilage ; there was evident fluctuation, although the form of the belly was completely that of pregnancy. Below the pubes a hard body could be felt, but no trace of the uterus was found by examination through the rectum. No cedema of the legs ; no hardness or irregularity in the abdomen ; no placental souffle. Dr. Fifield, however, thought he could hear the foetal heart at the right side. The umbilicus was not protruded, and the finger thrust suddenly into it, came down upon a solid tumor like the fundus of the uterus. The uterine sound of Simpson could not be passed beyond the os uteri ; but that of Vallex entered the cavity of the womb and showed a complete anteversion of that organ, its fundus forming the swelling beneath the pubes. A large trochar, passed through the linea alba, gave exit to a gummy fluid, amounting to about eight quarts ; masses like soft soap also passed out. Death occurred soon afterwards.—*Boston Medical and Surgical Journal.*

Dr. Babinet has given, in the *Gazette Hebdom.*, some other cases where the tumor was actually mistaken for pregnancy.

A married lady, aged thirty-nine, found, after a long period of sterility, her catamenia arrested and her abdomen enlarging. Two physicians examined her and pronounced her pregnant. In due time expulsive efforts came on, and even then the family physician found every thing going on well. But a month elapsed without progress of the labor. With the most careful calculation, the woman must have passed the proper term by at least that time. A well-conducted examination now resulted in the conviction that there had been no pregnancy at all, and finally the presence of ovarian tumors was demonstrated beyond doubt, while the uterus proved empty and of normal dimensions, the cervix more than four inches in length !

Another woman, eighteen years old, had a considerable uterine hæmorrhage the first night after her marriage. Under proper treatment

it disappeared and did not return. During the first year there were no signs of pregnancy; but at the end of that period she complained of nausea, vomiting and tenderness of the abdomen. The menses were diminished in quantity and in six months entirely disappeared. The abdomen gradually enlarged, the breasts became more full and tender, and the woman fancied she felt from time to time the movements of the child. A physician, applying his hand to the abdomen, noticed slight percussive strokes which he attributed to the same cause, explaining their being less circumscribed and sharp than usual to thickness of the walls; this thickness was also considered to cause the absence of the pulsations of the foetal heart. A murmur, thought to be the placental souffle, was distinctly recognized. At the ninth month the supposed commencement of labor was indicated by pains in the loins and abdomen, followed for two days by expulsive pains of considerable force. The cervix was found soft and shortened in length, while the os uteri easily admitted the end of the finger. Belladonna, applied for the purpose of promoting dilatation, produced a decrease and finally a complete disappearance of the pains. Some days afterwards the patient fell down forwards in the street, and about an hour afterwards the abdomen was found less distended. Fluctuation was now distinctly marked, the superior portion of the tumor resonant on percussion, the inferior portion dull. Complete absence of pain in the abdomen. Repeated doses of cathartics and diuretics produced a rapid diminution of the serous effusion, and there remained only a pain in the left ovary. This pain disappeared with the beginning of the first real pregnancy. There had been evidently an ovarian cyst, which ruptured during the fall, effusing its fluid contents within the peritoneum.—*New York Medical Press.*

16. *Case of Diseased Placenta.*—According to “Churchill’s Midwifery” morbid adhesion of the placenta has been reported in 392 out of 259,250 cases, or about one in 661. Dr. A. Atkinson, of San Francisco, believes cases of adhesion combined with hour-glass contraction of still less frequent occurrence, and therefore publishes a case of this kind, where also a rare morbid condition appeared in the placenta as well as in the foetus.

A delicate lady of nervous temperament, aged thirty-four, had during the second stage of her first labor rather ineffective pains, occurring at long intervals. Fortunately the foetus was not a very large one, or the rigidity and dryness of the vagina might have caused some difficulty in its expulsion. Considerable flooding followed the birth of the child, and a large amount of stimulants was required to induce, with the assistance of external manipulations and cold applications, contraction of the womb. On examination, the os uteri was found tightly contracted, retaining the placenta completely. The rigidity yielded to tincture of opium, and then an hour-glass contraction was detected, with the greater part of the placenta above it. The hand of the accoucheur dilating the band between the two bands, the placenta proved to be attached to the right side of the fundus uteri. On its being carefully peeled off with the fingers, the womb contracted power-

fully, and expelled the hand with the entire placenta. Immediately afterwards a dose of *secale cornutum* was administered, which in twelve minutes exerted full contraction and the expulsion of several clots. Perfect recovery took place. Upon the uterine surface of the placenta there was a white calcareous deposit, as hard as stone, and although the infant was apparently born in perfect health, it gradually pined away, dying in a few weeks with abscess of the knee-joint, wherein deposits were found similar in every respect to that connected with the secundines.—*San Francisco Medical Press*.

17. *Funis Presentation Treated Successfully by the Posture Method*.—Dr. S. Brandies, of Louisville, publishes three cases of prolapsus of the funis, once alone and twice together with one hand, in every one of which he managed to save mother and child by the method recommended some time ago in the *Lancet and Observer* by Prof. Mendenhall, to wit., placing the woman on her elbows and knees, elevating her pelvis, then replacing the prolapsed parts and keeping them within the cavity of the womb until the head descends far enough to prevent further mischief. From a table added to the description of these cases, and comprising 177,184 accouchements, collected from the highest authorities, prolapsus of the funis is found to occur about once in 264 deliveries. The same authors testify to a mortality among the children so born of one in 182, thus showing clearly enough, that accoucheurs have not been very successful in treating this kind of labor.

The posture method is only admissible as long as circulation exists in the funis; even if the circulation is feeble, it may soon be restored after the impediment is removed. The os uteri must be sufficiently dilated, and the liquor amnii partly retained. When the liquor has all escaped and the uterus is firmly contracted over the child's body, every effort for the reduction of the prolapsed funis will be in vain.—*Louisville Medical Journal*.

#### CHILDBED AND NURSING.

18. From some Aphoristic Remarks on *Puerperal Fever*, by Dr. Fleiss (*Intell.-Bl. Bayer-Aerze*, 1859, 7; *Prager Viertelj.-schr.*, 1859, 4), we select the following. Repeated attacks of shivering during labor often indicate the disease. Subjective symptoms can not be relied on: the physician has mainly to trust to his own observations. There seems to be only one form (not three, as stated by Kiwisch), and that consists in decomposition of the blood. Exudations occur frequently and appear to be, to a certain degree, though not always, critical; but the disease may terminate fatally without any exudation being formed. The so-called pyæmic form is rather a febrile anæmic condition, sometimes following the puerperal process. The exudations are mostly purulent, but are resorbed without any pyæmic symptoms. An anæmic condition alone does not predispose to the puerperal fever, nor have difficult deliveries any influence. Diarrhœa commonly accompanies the disease and seems to have a curative effect; it may happen, however, that the danger is increased by it. A bad



symptom is its sudden disappearance; if not, the frequency of the pulse decreases at the same time. Meteorismus is also generally an unhappy complication. A less frequent pulse allows a better diagnosis, as long as the tongue remains dry. Difficult respiration and vomiting, especily of lunbrici, as well as pain in the upper part of the abdomen, are unfavorable. All eruptions of other than erysipelatous appearance must be considered likewise as unlucky. Any metastasis to the surface of the body is a welcome occurrence; even parotitis is not dangerous. Phlebitis, lymphangitis, exudations into the joints appear under the same character; also, quite frequently, peritonitis; pleuritis occurs rarely and meningitis still less. Endometritis has no direct connection with puerperal fever, nor have the so-called "puerperal ulcers," and stinking lacteal discharges. The secretion of milk may continue until death; usually, however, it terminates soon. A singular occurrence is the pelvic cellulitis (of which we are going to speak hereafter), with great pains and paralysis of the lower extremities. The treatment ought to be stimulating, with due regard to the diarrhoea. Cathartics and fomentations with ice may be indicated, blood-letting is never. Laudanum does not influence the diarrhoea connected with puerperal fever, but proves often servicable against the pain, particularly in combination with magnesia. Warm fomentations can be applied in the absence of meteorism. The warm bath increases all the symptoms. As a beverage, water with phosphoric acid seems to be preferable.

Prof. Buhl, having made fifty post-mortem examinations of women that had died from puerperal fever, came (*Monatsschr. f. Geburtsk.*, XIV., 1; *Prager Viertelj.-schr.*, 1860, 1,) to somewhat different conclusions in regard to that disease. He found as a constant and characteristic pathological symptom a semifluid, reddish or blackish brown, occasionally dark gray exudation on the inner surface of the womb, and this he considers as the infecting poison causing the disease. Whether it is produced by direct transport or by a previous miasmatic infection of the blood, can not be decided at present. There are two forms of the disease: puerperal peritonitis (perimetritis) and puerperal pyæmia (endometritis). The last-named form results in death between nine and twenty-one days, but appears to be less frequent than the peritonitis, with which death ensues sometimes on the second day and usually during the first week. This form produces always purulent exudation into the womb and the adjacent organs, an oedematous condition of the intestines, and frequently swelling of the spleen. It has no connection with affection of the veins which are first taking up and carrying forward the infecting matter in the pyæmic form of the disease.

Dr. Serre has (*Gaz. des Hôp.*, 1859, 50; *N. A. Med.-Chir. Rev.*, Jan., 1860,) extolled, before the Academie de Médecine, of Paris, the efficacy of digitaline in child-bed fever, one granule of Homolle and Quevenne's preparation being given every four, five, or six hours. In eight cases out of nine thus treated, the remedy acted very favorably, although the disease had made already considerable progress in some of them. The principal effect is a diminution of the frequency of the

pulse and of respiration, with a simultaneous amelioration of all the other symptoms. In this regard the digitaline is said to be superior to quinine, which has been recently recommended and produces a similar effect.

19. From a case detailed in the *Boston Med. and Surg. Journal*, Feb. 9, 1860, by Dr. A. D. Sinclair, it appears that the disease now named, upon the suggestion of Prof. Simpson, pelvic cellulitis, was described, in 1844, by Marchal de Calvi under the name of "Intrapelvic phlegmonous abscess;" about the same time by Dr. Doherty as "chronic inflammation of the appendages of the uterus after parturition," and by Dr. Churchill as "abscess of the uterine appendages." In the case described there appeared, three days after a regular delivery, pain and throbbing in the right iliac region, extending towards the back and increased by moving in bed; considerable dysuria; occasional slight chills; breasts somewhat decreased in bulk; bowels constipated; pulse seventy-eight. To the examining finger a swelling, extremely tender to the touch, presented itself on the right side of the uterus. Vagina not remarkable as to heat or moisture. In spite of an evacuating and antiphlogistic treatment the swelling, and with it the dysuria and pain, increased for a few days, but then yielded. Leeches were applied repeatedly, a blister raised over the iliac region, kept open with savine cerate; warm vaginal injections made, and internally cathartics or calomel with opium administered. On the seventh day a slight sanguineo-purulent discharge appeared again from the vagina, and continued by spells. In five days more the swelling had decreased, the dysuria and sensitiveness also, but on pressure pain was felt a little to the left of the cervix uteri. Chills and a hectic appearance followed. Three days afterwards some purulent discharge issued from the rectum. Porter was allowed and relished by the patient. Besides the repeated use of cathartic pills, the citrate of iron and quinia were now ordered in an infusion of columbo. The chills and hectic went on, the pain changed to the left iliac region, while the tenderness internally spread all around the cervix uteri; although no swelling could be detected. Blister with nitrate of silver applied to the left side. Since then there was only occasionally a slight purulent discharge from the vagina, none from the rectum; the pains and dysuria disappeared slowly, the appetite returned and the patient recovered entirely in the course of another month, taking the citrate all the time and cathartics when required.

20. A case of *phlebothrombosis* after delivery was observed by Dr. J. Baart de la Faille, jun., in Göttingen (*Nederl. Tijdschr.*, 1859; *Schmidt's Jahrb.*, B. 103, 1859). The woman, thirty-six years old, had been delivered of the ninth child, enjoyed general good health and had plenty of milk. Twelve days after delivery a swelling resembling the phlegmasia alba dolens appeared on her left leg. It was removed in six days by the external use of gray ointment and wrapping in cotton-batting, with moderate cathartics internally. After an interval of three days, a quotidian fever set in; it yielded readily to Peruvian bark, but the right lower extremity now commenced swelling, became sensitive to pressure and painful in walking. No febrile symptoms

the lochia not diminished ; secretion of milk regular. Same external treatment as before ; internally, gum-arabic mixture with diluted sulphuric acid. In three days more there were fever, diarrhœa and pain near the navel, on account of which eight ounces of blood were taken from the arm, but without relief. The affection of the leg only disappeared. Nitrate of silver with opium now being prescribed, in a decoction of salep, the diarrhœa and abdominal pain were removed. The tongue, however, remained dry and red, the skin dry and hot ; no secretion of milk ; continued fever. Soon the symptoms of a vena cava adscendens became evident, and the woman died about six weeks after the first appearance of a swelling in her leg. The post-mortem examination revealed the plexus venosus uteri, the plexus pampiniformes, the venæ iliacæ communes, hypogastricæ, crurales and cava inferior all filled with tough, coagulated blood, which appeared intermixed with fibrinous masses and was adherent to the walls of the vessels.

---

### Obitua! Record.

---

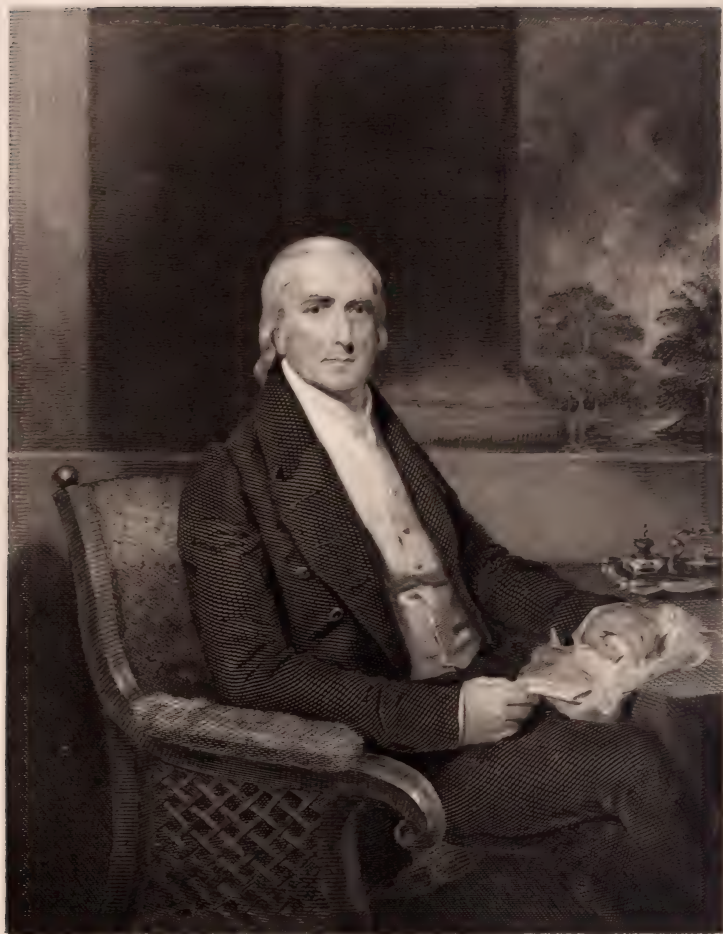
DIED, at his residence, in Williamsburg, Wayne County, Indiana, on the 4th day of July, 1861, of phthisis pulmonalis, Dr. GEORGE M. BLAIR, aged 45 years. The Doctor was a native of Ireland. During the winter of 1839-40 he was a member of the class in the Medical College of Ohio, and in the following spring engaged in the practice of medicine, which he pursued with diligence and success, until the decline of his health caused him to abandon it, some eight months previous to his death. Dr. Blair was a man who possessed many sterling merits ; not only enjoying the reputation of a skillful physician, but that of a high-toned and Christian gentleman. Kind and obliging, he was ever ready to perform the duties which he owed to his constituents ; his desire to benefit his fellow-man and his ardent devotion to his profession inducing him to undergo hardships entirely beyond his physical powers of endurance. He leaves a wife and several children, besides an extensive circle of acquaintance, who deeply mourn his loss.

DIED, at Bristol, Pa., January 1, 1861, after an illness of three weeks, Dr. JOHN PHILLIPS, in his 71st year. Dr. Phillips graduated at Nassau Hall, Princeton, N. J., in the autumn of 1808, and soon after entered the University of Pennsylvania as a student of medicine, where he graduated, with all the honors of the institution, in March, 1812. Shortly after, he opened an office at Bristol, where he has been a remarkably successful practitioner for nearly half a century. He was ardently devoted to his profession, and for many years had the largest circuit of any physician in Bucks County. Remuneration seemed always to be of minor consideration ; the distance and darkness of the night were of little consequence to him. To the last he was a warm friend. For thirty years he has been looked up to by physicians in Bucks and the border parts of Philadelphia County as almost the only prominent consulting physician in this section of country. Of latter years he has gone much into New Jersey, not only to Burlington and Beverly, but into the interior of the State. In the death of Dr. Phillips, the community has lost a counsellor and the poor a friend.

DEATH OF DR. FRANCIS.—The death of Dr. John W. Francis, of New York city, is announced. Dr. Francis had long stood as the acknowledged head of the profession in his city. He was a man whom all delighted to honor, and his death becomes a great professional calamity.







L. M. Pyrie

# THE CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

APRIL, 1861.

No. 4.

---

## Original Communications.

ARTICLE I.

### Diphtheria.

A Paper read before the Union Medical Society (Indiana), December 3, 1860.

BY JOHN LEWIS, M.D., OGDEN, IND.

October 29th, 1860, saw Master S., æt. 7 years, delicate constitution and general delicate health, yet never has been seriously ill. His mother is laboring under consumption, and is of a consumptive family. Learned that four days ago the boy complained of soreness of his throat, and difficulty of swallowing; that in the evening of the same day he had high fever and general aching; the fever lasted twenty-four hours. His mother stated that at the onset of these symptoms she gave him a purgative, bathed his feet in warm water, washed his throat frequently with an infusion of capsicum and common salt in apple-vinegar, and applied externally to his throat a bacon-rind. She also stated that at the commencement of the attack his throat internally presented a dark cherry-red color, with a number of gray colored patches over the tonsils and fauces; that the boy has had no fever since the first twenty-four hours of his complaining.

This morning I found the boy going about the house. He says that he is better; has no pain in the act of swallowing; looks pale and chlorotic; ears white; temperature natural; skin and flesh soft and flabby; pulse 100, and feeble; tongue covered with a thin white coat; mucous membrane of mouth pale, and showing indentations from the teeth; tonsils somewhat enlarged—they, as well as the uvula and posterior fauces, are almost covered with a gray colored skin-like



exudation; the mucous membrane around the patches of exudation show a bright red color; the submaxillary glands are somewhat enlarged, and tender; bowels rather constipated; has a little appetite, and rests well during the night.

*Treatment.*—℞ pulv. hydrastis canadensis, composition, āā. ʒ ss., chlorate of potassa, ʒ iv., boiling water, O j.—mix, ft. gargle. With this gargle the throat frequently. Also, ℞ a saturated solution of chlorate of potassa, ʒ j., every hour during the day. Again, ℞ quinae sulph., grs. ij., cinchonia sulph., gr. ij., pulv. hydrastis canadensis, grs. iij., at once, and repeat every four hours until four doses are taken; alternate each dose with gtts. vj. of tinct. ferri mur. in water; on to-morrow take the same number of doses at the same intervals, and continue gargle and sol. chlo. potas. in the same way also. Keep the skin over the submaxillary glands red with rubefacients, as much as the patient can endure; live upon a generous diet, and avoid dampness.

From this time on I saw nothing more of patient. Four days subsequent to that visit, the mother told me that the boy seemed to be as well as ever. There has been no return of the exudation up to the present writing, November 20th, 1860.

This is a fair sample of the cases having diphtheritic exudation, and their treatment, that have come under my observation during the past two years. I have always looked upon this diseased state termed diphtheria as a result of debility—a disease essentially of the blood-making process, and amenable only to that treatment which either empirically or designedly is directed to that reparative action of the animal economy. More recent study has confirmed that view, and I think that I now have a more distinct and definite view of the nature of the malady now under consideration than I had one month ago, at our last meeting. I will now try to give you my views of the pathology of this disease, attended with diphtheritic exudation, as formed from my own observations, and from reading the observations of others.

According to Liebig, the chief ingredients in healthy blood are fibrin and albumen: the globules of the blood contain fibrin and albumen, along with a red coloring matter, in which iron is a constant element. Both these bodies are chemically identical, yet differing in properties and appearance. Fibrin is vitalized—capable of organization: albumen is not. Both react in the same manner from chemical treatment; both in the process of nutrition are capable of being converted into muscular fibre, and this fibre again into blood. Fibrin constitutes plastic lymph, from which old textures are renewed and new ones formed. Fibrin and plastic lymph mean the same thing.

The due proportion of these ingredients in the blood constitutes a healthy circulating medium, that is capable of supplying the wants of the system ; any departure from their normal proportion is disease of that fluid, and, of course, of the whole organization of the individual.

The two most prominent of blood diseases are termed anæmia and chlorosis. The older authors considered the two diseases identical ; later authors make a wide difference in their pathology and treatment, and back their opinions by many facts obtained from observation and experiment : these, rightly observed and classified, always point to truth. These late observers maintain that in anæmia there is no derangement of the blood-making apparatus whatever : they hold that all the constituents of the blood, especially the albumen, are only lowered in quantity ; they hold that anæmia can be produced at will ; that it can be produced by venesection, by protracted lactation, by hæmorrhage, and by want of, or improper, food ; that it is produced by paludal poison, by dampness, and by diseases of the kidneys ; and that from whatever cause it is brought about, if long enough continued, dropsical effusion is a constant sequence, and is never found existing only when the blood has been deprived of its normal proportion of albumen. This lowered quantity of the blood also causes vertigo, syncope, palpitation of the heart, with many other evidences of debility too numerous to mention. They also hold that the abnormal condition of the blood is quite different in chlorosis from what it is in anæmia ; that in chlorosis the quantity of the blood is not lowered, but that the fibrin is in excess, and the red globules are deficient—the albumen retaining its normal proportion. They hold that the disease is in most cases original—congenital ; that it does have its origin in a lowering, from some occult cause, of the functions of the organs charged with sanguification ; that it is inherent in the constitution ; that it is a sort of idiosyncrasy that keeps the subject always at a low ebb of vitality through the whole period of childhood and youth ; and when any other disease does supervene, it always presents a remarkably adynamic character.

Chlorosis can not be produced at will ; it can not be produced by any of the causes that do bring on anæmia ; that children are perhaps more frequently the subjects of chlorosis than is generally supposed, but it is seldom noticed, or, if noticed at all, is mistaken for anæmia ; or it may not be manifested in the girl until the period of puberty, when the absence of the menstrua is supposed to cause the chlorosis, when the reverse is the case : the preëxisting chlorosis has so weak-

ened the biotic or dynamic force of the system that it is unable to supply this new call for blood. This force has been barely sufficient to support the wants of the system up to that period, but can not now furnish the necessary material to establish the new function.

I can not but look upon this altered state of the blood, with fibrin in excess and the red globules deficient, as the cause of those groups of symptoms termed chlorosis, phthisis pulmonalis, tubercular meningitis, and diphtheria. In simple inflammation it is true that we find fibrin in excess, but we find the red globules in excess also. This excess of fibrin is a result of inflammation,—but in the case under consideration it must necessarily be of a very low grade, but very little beyond simple congestion. In no other state of the blood do we find a deposit of lymph on the mucous surface than in this, let it be altered from the normal proportion as much as may be. When this abnormal condition of the blood is congenital or accidental during childhood, the subject, if not cut off by a deposit of lymph into the trachea, brain or bowels (air cells) before the period of puberty, will eventually, if not cured, perish by exudation into the air cells, constituting tubercle, before the age of twenty-five. From the above I would conclude that a healthy child can not be the subject of diphtheria, because there is nothing in its blood—no excess of fibrin—to produce the exudation. For the same reason it can not be contagious, any more than phthisis or neuralgia.

Supported by the above conclusions, I will make the assertion, and appeal to your own observation for the truth of the assertion, that none of you ever found a diphtheritic exudation on any mucous membrane of an anæmic subject; that whenever you did find a diphtheritic exudation on any mucous membrane, you found a chlorotic patient—you found that chlorosis was emphatically and distinctly the disease you had to treat: the exudation was but a symptom, chlorosis the disease. In these cases you find a tendency to the formation of false membranes on the mucous surface, from the exudation of cacoplastic lymph; you find the mucous surfaces hypertrophied from an effusion of lymph from the congested vessels of the part; you find the life force adynamic; you find the countenance pale and puffed; want of appetite; feeble circulation; slow getting well; an unusual weakness from so little seeming perturbation of system; the mucous membrane of the mouth pale and relaxed, showing indentation from the teeth; the muscles soft and flaccid; the lymph thrown out on the mucous surfaces loosely granular; has but little cohesion, showing a degener-



ate condition of the plasma—a cacoplasty that is always found in those subjects in whom there is a degraded condition of life force or assimilation.

In anæmia, if long continued, you have always found dropsical effusion to exist as the result of the lack of albumen in the blood; you have found death to begin at the heart, the heart ceasing to act for want of its natural stimulus. In chlorosis you may have found œdema of lower extremities; you may have found aplastic lymph in the air cells, in the alimentary canal, into the brain and spinal column, or in the mouth and fauces, but you never found dropsy, nor any other evidence of lack of albumen; but you did find many positive evidences of want of nutrition, and have seen patients perish from the results of having too much fibrin in their circulation, the cacoplastic deposit of which caused death from coma, asphyxia, marasmus, or inaction.

In anæmia, the indications in treatment are to increase the quantity of the blood, especially the albumen, and to remove any dropsical effusion that may exist. To fulfill the first indication, the sulph. quinine is a heroic remedy; the simple vegetable tonics, with their adjuvants, will also answer a good purpose, with air, exercise, and a nutritious diet. Iron, in any form, is a mere negative agent, because the red globules are not deficient; neither is there any derangement of the blood-producing organs. To fulfill the second indication, hydrogogue cathartics and diuretics will answer the purpose, or a cathartic equal parts of bitart. potassa and sulph. magnesia will do well. As a diuretic, the acet. or nit. potassa will do well; so also of the extract of Wahoo, infusion juniper berries, spts. nit. dule., spts. terebinthenate, etc.

- In the treatment of chlorosis the indications are— 1st. To remove the excess of fibrin from the circulation; 2d. To increase the proportion of the red globules in the circulation; 3d. To give tone to the blood-producing organs as much as can be; and, 4th. To remove the cacoplastic deposit wherever found, especially from the trachea or fauces. To fulfill the first indication, the carbonate and chlorate of potassa may be depended upon with a good degree of confidence. The nitrate and iodide of potassa may also be used with a very good effect for that purpose, as well as the hypophosphites of the alkalies—lime, soda, and potash. Cod-liver oil is in good repute with some as a defibrinizing agent. To fulfill the second indication, iron in some form or other is the remedy, given in small doses and frequently repeated. If a cacoplastic deposit exists either in the fauces, trachea,

air cells, or brain, the tinct. ferri chloridi, or sol. perchloride of iron, would be preferable to any other form, on account of the organic acid in combination with the metal. The hypophosphites of one or more of the alkalies, with iron, would be a very reliable agent in the absence of a deposit of lymph about the fauces. To fulfill the third indication, the mild vegetable alteratives may be used with advantage, together with the simple vegetable tonics. Quinine here is but a negative agent, unless a miasmatic influence is conjoined to the original difficulty. Stimulation of the cutaneous surface, by bathing, and the use of the flesh-brush, is a valuable means of cure, as well as exercise in the open air, as much as is consistent with the strength of the patient, and subsist chiefly on saccharine, amylaceous, or gelatinous articles of food (and a diet rich in the compounds of protein), with a free use of the malted liquors. To fulfill the fourth indication in removing the exudation from the fauces, a solution of caustic potassa, topically applied, will answer the purpose, perhaps, better than any other agent: it destroys its cohesion, and renders it aplastic-pus. Muriatic, nitric, and acetic acids will produce the same results; so also will common salt, nitrate of silver, and the sulphate of zinc. Any of these may be used for the removal of the deposit, at the discretion of the practitioner. In connection with these, a stimulant ought to be applied topically, to increase the secretion of the mucous membrane, thereby loosening the exudation and relieving the local congestion. Capsicum and hydrastis canadensis seem to have a better effect in that way than any other agent. If the parts remain relaxed after the removal of the exudation, an astringent wash would be indicated; an infusion of white oak bark answers a good purpose. If the exudation has invaded the air passages, the inhalation of strong vapor of vinegar or dilute acetic acid can not but have a good effect in rendering the exudation aplastic,—destroying its cohesion, so that it may be expectorated like matter.

—Since writing the above I have examined some six patients, now in usual health, that have been during the summer the subjects of diphtheritic exudation: I find them all to have a scrofulous diathesis. Two of these are adult females: one, aged 23 years, has a marked tendency towards consumption; the other, aged 17 years, has never had her menstua healthily established. The children look fleshy and red cheeked—too much so; yet their flesh is soft and flaccid; the mucous membrane of the mouth appears thickened, showing indentations from the teeth; tonsils in all of them enlarged; a slight cough; expectoration easy and mucous; a free discharge of mucus from the

nostrils; all have narrow base of brain; they lack that cerebral development termed by phrenologists vitativeness; seem to lack biotic force; the lymphatic temperament predominate in all.

These observations made on these six patients are but one proof of many that can be adduced that the subjects of diphtheritic exudation are chlorotic—unhealthy, and continue to be so even after the exudation has ceased to appear; the subjects are always liable to relapses, even from slightly depressing causes. The difficulty under consideration does seem to me to be only another direction for the cause that produces scrofula, phthisis, marasmus, and tubercular deposits on the brain and spinal column.

This paper is necessarily didactic: to have given the proofs as I went along, would have lengthened my paper beyond the extent of your patience. For confirmation of the ideas contained, I would refer you to Williams, Meigs, Liebig, Bedford, Watson, and translations from Trousseau and Nonat, in the *Lancet and Observer*.

---

ARTICLE II.

**Case of Diphtheria, with Remarks.**

Read before the Union Medical Association (Indiana), January 10, 1861.

---

BY N. H. CANADAY, M.D., KNIGHTSTOWN, IND.

---

On the afternoon of December 6th, 1860, Ella Wood, æt. 3 years, had a slight fever, complained some of feeling tired, and was restless throughout the night; in the morning she looked pale, and had no appetite; throat inflamed, and tonsils appeared to be enlarged. At 11 o'clock the mother noticed a spot or patch on the right tonsil of a pearly white appearance and about the size of a split pea. I saw her at 4 o'clock; she then had some fever, cheeks red, skin dry and above normal temperature; pulse 110, soft and compressible; tongue slightly coated with a whitish fur, rather dry; tonsils enlarged, and together with the fauces of a dark purplish hue; a pearly white patch of the size of a thumb-nail, resembling parchment, adhered to the inner surface of the right tonsil; no swelling externally; bowels moved spontaneously this morning. Treatment: touch the patches with nitrate of silver; give two grains of quinine every four hours in a teaspoonful of saturated solution of chlorate of potassa, and six drops of muriated tincture of iron every four hours in teaspoonful of same solution, alternating with the quinine; apply spirits turpentine to throat externally.



Dec. 8, 2 p. m.—Child appeared livelier; no fever; skin moist; pulse 100, soft and compressible; tongue cleaner; tonsils and fauces very red; patch on right tonsil about the size it was yesterday; small patch on left tonsil; appetite improved; bowels moved this morning. Continued treatment, increasing the tinct. iron to eight drops.

Dec. 9, 10 a. m.—The patient is rather worse; had fever nearly all night; flighty by spells, and rested very poorly; strength failed considerably; pulse 100, feeble, soft and compressible; tongue rather dry, but clean; face pale, muscles flaccid, and appetite poor; appearance of tonsils about the same as yesterday; submaxillary glands swelled slightly. Treatment nearly the same. *R* quinine, two grains, hydrochloric acid, one drachm, solution of chlorate of potassa, one teaspoonful,—every four hours; *R* mur. tinct. iron, eight drops, solution of chlorate of potassa, one teaspoonful,—every four hours, alternating. Touch patches as before, with turpentine to throat externally, and as much nutritious diet as she will take.

Dec. 10, 12 m.—My little patient has improved very much every way; looks quite pale yet, but sits up and walks about the house; skin moist; tongue natural, except rather red; tonsils have some of the exudation on their inner surface; swelling of submaxillary glands subsided; pulse 90, soft and compressible. Treatment continued the same as at last visit, with directions for the patches, and no other part, to be touched with the caustic once in twenty-four hours; this treatment to be continued as long as any of the exudation is visible, after which continue the iron for eight or ten days.

—I had adopted this treatment in two previous cases in the same family, which terminated favorably. A neighboring physician attended the first case in the family; I know nothing about the severity of the attack, or the treatment, but understand that death was preceded by croupal symptoms, from a descent of the exudation to the larynx, and also by much external swelling.

I have treated several cases about the same as in the case detailed, and with an encouraging degree of success. In one case, (a little girl two and a half years old,) after the throat was well, she was troubled for some time with paralysis of the soft palate, as was evidenced on attempting to swallow fluids—a part would return through the nose; the voice also was very much altered, and the power of articulation almost wholly lost. She remained pale, or rather colorless, with irregular paroxysms of neuralgic pains in various parts of the system, as was shown by fits of severe screaming and crying coming on without any apparent cause, and lasting from five minutes to half an hour,

in spite of all efforts to pacify her. In a few minutes after she ceased crying, she would be playful as ever, and on asking her what hurt her, she would point sometimes to one part and sometimes to another. The muscles became soft and flabby; the legs lost their power; the arms at one time were powerless. For the first two weeks after her throat appeared to be well there was considerable œdema of the feet, legs, arms and face; has been at times some difficulty of voiding urine, and the act attended with pain,—the urine on standing awhile would deposite a whitish, mucous looking sediment, which was not affected by heat or nitric acid; appetite good most of the time, and part of the time voracious; digestion good; bowels inclined to be rather sluggish, though generally moving without aid from medicine; pulse ranged from 90 to 100, soft, feeble and compressible; skin not moist, but she sweat occasionally, and sometimes profusely. She took the various preparations of iron, together with quinine, wine, yellow root, with exercise in the open air, nutritious diet, etc., for about five weeks, without any improvement in color, strength or flesh, but rather a decline; and she had a troublesome cough added to the rest of her difficulties. She is now improving very perceptibly, and has been for the last six or seven days, upon the use of Churchill's preparation of the hypophosphites, given regularly every six hours, day and night,—and Tilden's extract of *ignatius amara*, two drops every six hours, alternating with the hypophosphites.

About the 12th of December I noticed that the left eye was affected with strabismus, it turning in when looking at anything near by; and some four or five days later the right eye also became affected. She is now badly cross-eyed. In all other respects she is improving, and bids fair to regain her former health.

Dec. 26.—My little patient is still improving. She can not yet bear her entire weight on her feet, but by being supported and partially borne up, she walks the floor several times a day. She is gaining in flesh and strength, and her eyes are assuming their normal position—the left eye only turns in, and that much less marked than at last report. She is still taking the syrup of the hypophosphites, twelve drops three times a day.

—From the experience I have had, I am inclined to look upon the disease as being non-contagious, it having attacked children at a considerable distance from where it was prevailing at the time, and those, too, who had not been exposed to it; also a part of the children in a family have had it and the others have escaped.

I have not seen a case in a nursing babe, or one under two years of

age, though I have attended several families where the older children have had it, and they escaped ; neither have I seen a case reported at that tender age. I do not pretend to argue that children under that age are exempt from it ; yet I am fully satisfied that a great many cases of anginous affections, occurring in children of all ages, and being entirely distinct from the disease in question, have been called diphtheria.

I look upon the disease as being constitutional, with a local determination to the throat, and requiring for its cure constitutional treatment. I have some doubts whether local applications have any curative effect at all or not : however, they give temporary relief by dislodging the membrane for a time ; but it is sure to be replaced again and again, until the disease is eradicated from the system.

Under my observation, poultices, external irritants, and the like appliances have proved rather pernicious than otherwise, from the fact that they seem to increase the external swelling.

I view the external swelling as being a pretty true index to the danger of any given case. All the cases that have come under my notice, with considerable swelling externally, have proved fatal ; and one or more cases that were apparently almost hopeless, that were free from the swelling externally, have recovered. However, this is an opinion based on insufficient evidence to amount to certainty.

— Dec. 23.—Was called to see Ella Wood to-day, and learned that she steadily improved until her throat appeared quite well, about four days after my last visit ; her health improved, appetite was good, bowels regular ; she appeared playful and lively, and all medicines were discontinued. Yesterday her father noticed that she was more languid than usual, eyes were dull, appetite had failed, etc. On inspecting her throat, he discovered “ a patch of the same old appearance ” on each tonsil, the size of a split pea.—I found her looking pale, eyes dull ; skin moist, but sticky ; pulse 120, feeble and soft ; appetite poor ; wants to lay in the cradle all the time. Treatment : Touched the patches with nitrate of silver, and directed it to be done once a day until they were dispersed entirely ; gave her about one grain of quinine every four hours, in a teaspoonful of saturated solution of chlorate of potassa,—and ten drops of muriated tincture of iron every four hours, in a teaspoonful of the same solution, alternating with the quinine.

Dec. 26.—Saw Ella's father. He says she is improving ; is livelier, more playful, and better appetite ; still some exudation on each tonsil.



Jan. 3, 1861.—Ella is apparently as well as ever, except some slight debility.—My little cross-eyed girl walked several steps alone to-day, and her eyes are now straight as ever.

---

ARTICLE III.

**A Case of Double Pneumonia treated with Quinine, etc.**

---

BY O. C. GIBBS, M.D., PREWSBURG, N. Y.

---

In the *Lancet* and *Observer* for October, 1858, we reported several cases of pneumonia treated with quinine and Dover's powders. We were aware that quinine had been administered in *malarial* pneumonia, but we were not at that time aware that such medication had been practiced in pneumonia unconnected with malarial influences. We have since learned, however, that other physicians, and those, too, occupying the first rank in the profession, had previously adopted this innovation in practice. Within the last few months several distinguished physicians have taken issue upon the propriety of such treatment, and have advised a reconsideration of the opinions which some advocate,—that the type of disease has changed, and that human ailments require a different treatment than was demanded fifty or a hundred years ago. Among these we may instance Profs. L. M. Lawson, S. D. Gross, etc. Dr. Gross recently read a paper before the Philadelphia County Medical Society, upon blood-letting in inflammation. In the discussion which followed, Drs. Condie, Dar-rach, and Hartshorne took part, and each thought that the growing tendency to neglect in blood-letting in inflammation was doubtless an error in practice, and the pathological notions upon which it was based were preëminently worthy of reconsideration.

As connected with this subject, we report a case that was recently under our charge for treatment. January 22d, 1861, we were called to see a young lady, aged 20 years, who was engaged in teaching a common school, situated on the Alleghany hills at least fifteen hundred feet above the level of the sea. An examination revealed an inflammation of the right lung, involving the *whole* of that organ. We never saw a case in which the lung was more completely inflamed throughout its whole extent. The pulse was 110; the cheeks flushed with almost a purple tinge; the tongue was coated with a uniform whitish coating, and swollen so that the teeth could be counted from the indentations upon the tongue; the cough was dry and harsh, and harrassing from frequency. We ordered small doses of tartar

emetic in solution, not exceeding a sixth of a grain, with which was combined two drops of Tilden's fluid extract of *veratrum viride* with each dose. This was to be repeated every four hours, and five grains of Dover's powders were given once in four hours, at mid-interval between the other doses. On the following day the symptoms were nearly the same, though the cough was less harrassing. The expectoration was quite free, and of that brick color which is peculiar to pneumonia,—and alarmed the friends because of the amount of supposed blood expectorated. The treatment was continued.

On the third day we found the rhoncus in the upper part of the lung considerably abated, and the natural respiratory murmur gradually returning; but the left lung was now as completely inflamed as was the right two days before. The pulse was now 130, the tongue more heavily coated, and the respiration, even when the patient was asleep, was 36 per minute. The case was now assuming a very alarming character, and we entirely changed our treatment. We discontinued the former treatment, and ordered three grains of quinine and one-sixth of a grain of morphine, to be repeated every three hours. *Veratrum viride* was ordered, two drops every hour, to be increased one drop at every successive dose, until the pulse was reduced to 80,—the pulse to be there held by such doses as would prevent its rising, and also further depression. By this caution in its use, we have always avoided the nausea and depression which sometimes results from the use of the *veratrum*. We also ordered a large blister to the side first affected.

On the following day, the fourth, we found the cough much lessened, the pulse was reduced to about 80, and the frequency of the respiration was reduced to about 25 per minute. We ordered the treatment continued; and under the *veratrum viride* we directed that the pulse be brought down to 70 per minute. On the fifth day we found the respiration much less difficult, and reduced to 20 per minute; the cough was far less troublesome, and pain and restlessness were greatly diminished. Under this treatment continued, with the addition of a little iodide of potassium and syrup of senega, the patient progressed rapidly, and would have been in a condition to discharge by the twelfth day from the first attack, or the ninth from the second, had it not been for suppressed menstruation, which had suddenly occurred from exposure to cold, a little time before the attack of pneumonia. Hepatization took place only in a limited portion of the lung first attacked. The limits of the hepatization were quite peculiar: the solidification was confined to the posterior portion, and

was quite as great at the summit as at the base of the lung. This was doubtless owing to the fact that the patient maintained the recumbent position, and the decubitus was that of the back. At the end of three weeks the hepatization had entirely disappeared, and the patient was in good condition. We have omitted details of treatment, in our desire for brevity. The left side was blistered three days after the application of a blister to the right side; a few days later another was applied to the back of the right chest. When an evacuation of the bowels was demanded, we gave a small powder of hydragrym cum creta and fluid extract of rhubarb.

Had this case been treated with free bleedings, large and frequently repeated doses of antimony, and perhaps mercurials to salivation, as was the custom fifty years ago, and is, perhaps, with a great majority of physicians even now, we are confident that our patient would have departed this life before the end of the second week! In the first seven years of practice, we frequently had occasion to use the routine treatment by antiphlogistics just indicated, and we found that persons, even in the prime of life, were not exempt from death, as a consequence of pneumonia. In the last five years we have pursued a plan of treatment not unlike that pursued in the case given above, and we have not lost a patient over 1 or under 75 years of age. The reader may suppose that in these five years we have been dealing with malarial pneumonia; but this is not the fact: in the present range of our practice a malarial fever *was never known to originate*.

We believe that every case of disease should be considered by itself, and treated as an individual affection. We are no advocate of a routine treatment, and doubt not that many cases of pneumonia may require blood-letting and antimony; but we are honest in the conviction that a large majority of such cases would be best treated by the administration of quinine and opium, as soon, at least, as the second or third day. We know that many high authorities tell us that opium is not well borne in pneumonia: it is supposed to lessen secretion, expectoration, etc. To such authority we can only oppose our own experience: we know it to be beneficial, and we also know that patients with pneumonia do not do well in proportion always to the amount expectorated. Many persons have regarded quinine a decided stimulant and tonic, and, according to all authority, necessarily injurious in all cases of inflammation. In our hands it has acted more as a sedative—certainly diminishing the frequency of the pulse. The learned Dr. Drake was of similar opinion. Dr. G. A. Wilson, of North Carolina, says: "As early as the year 1838, I had to un-



learn all that had been taught me of this agent as a stimulant and tonic, and of the dangers attending its administration in inflammatory states of the system. I have often noticed its effects in that class of cases complicated by cerebral determinations, and can safely say I have never known injurious consequences to follow. If stimulant at all, it has not acted in my hands as stimulants are wont to do. In many cases of high nervous excitability, it has had soothing and sedative effects." Dr. S. A. Cartwright, of New Orleans, claims to have first used quinine, in full doses, in the early stages of pneumonia, as early as the year 1826. Prof. W. T. Howard claims that large doses of quinine had been administered in this disease anterior to this date, both at home and abroad. In the *Chicago Medical Journal* for December, 1859, Dr. A. Heavenridge, of Indiana, says: "In uncomplicated cases of pneumonia, little else will be found necessary than to premise a full bleeding. Should the patient be plethoric, clear the bowels with an active cathartic, and then administer quinine and opium in such quantities as to insure their quieting and sudorific effects; controlling, at the same time, the arterial circulation by means of veratrum viride or digitalis. Should the inflammation be found obstinate in yielding, a blister will be useful in the latter part of the treatment." Our readers will see this is exactly the treatment we found most useful, at least two years before, except the bleeding, which, in the great majority of cases, we believe entirely unnecessary. We have not bled a case of pneumonia in five years, nor seen occasion to regret the omission. We are confident that Dr. Heavenridge's case-book will give a very small death-rate. Dr. T. J. Cogley, of Indiana, remarking upon the treatment of this disease, says: "I would, if I saw my patient early, provided the indications were decided, bleed; and I might, if there were much pain and tenderness in the side, cup or leech; and it would doubtless be proper to evacuate, by mild means, the bowels; but I would always, either with or without prescribing these means, according to circumstances, give quinine and capsicum, from three to five grains of each, every three hours, at whatever period of the disease." Prof. J. Harris says: "Quinine, in large doses, is a diaphoretic as well as an anti-periodic; a nervous sedative as well as arterial; producing a gentle perspiration and moisture of the skin. In the first stage of pneumonia it relieves the congestion of the lungs, as it does general visceral congestion in congestive fevers. It equalizes the circulation by its sedative effect upon the nervous system." See *Savannah Journal of Medicine*, November, 1859.

These opinions, rare, we believe, five years ago, are now becoming quite common; and we might quote still many others, but limited space forbids. Notwithstanding these opinions, we believe nine out of every ten physicians still treat pneumonia with blood-letting, antimony, mercury, etc. The object of this article, as in several previous ones upon this subject, is to induce a few of this large majority to try what we regard *a better way*. We believe the plan of treatment indicated above will, in a great majority of cases, materially lessen the duration of the disease and the sufferings of the patient; and, what is better still, greatly diminish the percentage of mortality.

For further experiences of ours, we will gladly refer our readers to the *Lancet and Observer*, October, 1858, and to our *Summary* in the *A. M. Monthly* for the last year and a half. May we ask our readers to report past, or any future, experiences with quinine in pneumonia?

---

ARTICLE IV.

**Case of Mollities Ossium.**

BONES OF THE LOWER EXTREMITIES ENTIRELY DESTROYED.

BY W. H. LAMME, CENTREVILLE, O.

Mrs. T., æt. about 63 years, died in November, 1860, after an illness of nearly ten years, five of which she was unable to walk; and a year prior to death she was completely bed-ridden. She was the mother of several children,—and with the exception of occasional nervous attacks, enjoyed a good degree of health up to the year 1850, when she began to suffer with pains in the bones of the lower extremities, with loss of active motion. She also experienced occasionally sharp pains in the back and arms, without, however, any apparent tumefaction of the parts. At times there was some mitigation, yet the disease gradually advanced, the pains in the limbs becoming more intense, with some swelling of the joints, especially the wrists and joints of the fingers. During the progress of the disease in these parts, the lower extremities were comparatively free from pain, though she could not walk. Both wrists became distorted finally, and subsequently complete ankylosis of both articulations. The fingers were so much distorted and contracted as to present a clutched appearance at their extremities. The spine became curved laterally to such a degree that the ribs overlapped the crest of the ilium of that side.

She continued in this condition, without any important changes, until nearly a year preceding her death, when she was seized with ex-

cruciating pains in the left knee-joint, accompanied with great tumefaction and redness. After a few weeks' duration, this terminated in what appeared to be a spontaneous luxation, the head of the tibia gliding up the inner aspect of the thigh to about its middle. The pain and swelling now subsided, yet the least pressure would cause the most intense pain. The spine and chest had now become enormously distorted, interfering very much with the functions of deglutition and respiration, and prevented her from assuming the recumbent posture. There was also such an augmentation of sensibility in every part of the body, that it was impossible to move her in the least degree without causing the most intense suffering.

A few months before her death the right knee-joint became swollen and painful, and finally underwent the same changes that occurred in the left. The head of the tibia was drawn up to within a few inches of the body, the whole extremity being greatly swollen. Large, sloughing bed-sores formed on her back, with extensive excoriations of the hips, which contributed to render her sufferings more intense. The head was drawn nearly on a level with the bed,—the whole superstructure seeming to fall together in a confused heap.

Notwithstanding this general wreck, the mind remained clear to the last; and she manifested throughout a degree of fortitude and resignation seldom witnessed,—religion being her chief solace during all her sufferings. Her appetite did not fail entirely until the last. She was four months in a sitting posture, from which she could not be changed in the slightest degree; and probably never slept over two hours in the twenty-four during that time.

Another feature in this case was an idiosyncrasy, prohibiting the use of anodyne medicines in any form—the least dose of which would cause dangerous syncope. The external application of opiates and chloroform had the same effect.

A post-mortem of the body was not permitted; but sufficient examination was made by Drs. Strong, Elgin, and myself, to satisfy us that the bones of both lower extremities were destroyed. The right leg was considerably swollen, and felt precisely like a bag stuffed with hair, and could be bent and twisted in every way without the least resistance, no evidence of bone being discovered, except a small fragment of the superior end of the tibia. The left was in a similar state, with the exception of a thin shell that could be felt in several places, which would break down under slight pressure like an egg-shell. As far as could be ascertained, the disease had not advanced to the same extent in other parts of the body.



## ARTICLE V.

**Rare Cases in Ophthalmic Practice.**

BY E. WILLIAMS, M.D., CINCINNATI, O.

*Fluid Cataract.*

CASE 1.—On the 23d November, 1860, I was called by Dr. B. F. Elder, of Knightstown, Ind., to see the following case in consultation: A boy about 7 years of age, of a strongly marked lymphatic temperament, very imperfectly developed physically, and still worse mentally, had been blind in both eyes from birth. He had never learned to walk alone, but could do so when held by the hand. I found a cataract in each eye, of a milky-white color throughout; pupils of medium size, and very active under varying degrees of light,—and marked nystagmus, or twitching and rolling movements of the eyes, with slight trembling of the iris.

The pupils being previously dilated, and the boy narcotized by chloroform, I made a free crucial incision in each capsule, by a fine solution needle passed through the cornea. In both eyes, the moment the needle entered the capsule, the perfectly liquid substance of the lens, apparently of about the consistence of oil, escaped into the aqueous humor, leaving the pupils nearly clear. I have not seen the patient since the operation, but I learned from Dr. Elder that no reaction followed,—and in a few days the aqueous humor and pupils were quite clear and natural. The patient has since learned to walk, and evidently sees some; but the exercise of this function is so entirely new to him, and he is so nearly idiotic, that it is impossible to determine how perfect his sight is. From the previous activity of the pupils, and good sensation of light which he enjoyed, as evinced by his staring at a light, one would infer that the retina must be nearly or quite normal, and his sight good.

Fluidity of the entire lens is not so very uncommon; but liquefaction of a portion of it, with a firm mass, always I believe the nucleus, floating in it, and freely obeying the laws of gravitation, is very infrequent. Graefe, in the *Archiv für Ophthalmologie*, 1858, gives an account of one instance of this kind, and the only one he had ever seen. It occurred in a woman 62 years of age. He remarks that where there is a very decided difference in the consistence of the cortical substance and nucleus, the former being soft and the latter hard and heavy, the nucleus not unfrequently subsides a little in the soft

substance, assuming a position a little below the centre of the pupil, but does not move about with the varying positions of the head.

CASE 2.—The following case of half fluid, half solid cataract, came under my observation for the first time in October, 1859: G. S., æt. 58, says that about five years ago he went to bed at night unconscious of anything wrong about his eyes, and rose in the morning quite blind in the right one. The truth, no doubt, is that the cataract existed before this accidental discovery, from which he dates its commencement. Actual condition at that time: Left eye natural, and sight perfect. In the right, the lens is of a milky-white color, and uniform throughout the range of the pupil, which is of medium size, and quite active. I was struck immediately with the decided *trembling* or *undulations* of the iris at every movement of the eye. Upon dilating the pupil by atropine, an *amber-colored nucleus* was seen in the most dependent part of the capsule, its convex edge projecting up into the area of the pupil. When the pupil was small, it was entirely hid behind the lower part of the iris. It appears to be about two lines in diameter, of a perfectly circular form, and quite movable in the white liquid that surrounds it, and with which it contrasts very strongly in color. On inclining the head forwards it comes against the anterior capsule, and is plainer to be seen than when the head is erect. In whatever position the head is placed, the nucleus immediately assumes a position in the lowest part of the capsular bag. When the patient is placed in a horizontal position, the face downwards, it falls against the centre of the anterior capsule, and is seen in the entire diameter. If the patient lies upon his back, it sinks to the posterior capsule, and completely disappears in the opaque liquid.

As the patient sees well with the other eye, an operation is not necessary; and I have advised him to defer it, in order to determine whether the nucleus will finally melt away in the liquid.

I saw him again yesterday, March 7, about seventeen months since the first examination. The nucleus is still there as before, but a little reduced in size. At the inner side I can now see between the edge of the lens and the ciliary processes, indicating that the dimensions of the entire cataract have somewhat diminished. On the outer side the capsule rests against the iris, and bulges it a little forwards, as though there was partial separation between the capsule and suspensory ligament. Several small particles of calcareous-looking substance are now seen on the anterior capsule, which have no doubt precipitated there from the fluid contents of the capsule. The trembling of the iris is still more remarkable than at the first examination.

*Discharge of Vitreous Humor in Flap Extractions.*

Out of a number of operations for cataract by extraction, I will give a brief account of five cases in which there occurred discharge of vitreous humor—one of the most serious accidents that is liable to happen in this operation. Sometimes it is the fault of the operator, sometimes of the assistant or the patient, and sometimes the fault of none of them, but of the *eye itself*.

CASE 3.—H. J., a colossal colored man, about 50 years of age, from Lexington, Ky., sought my advice in the month of April, 1860. He had cataract of ten years' standing in both eyes. He stated that he lost his eye-sight suddenly after a very hard day's work and a night of intense mental excitement. In the morning he discovered a thick red veil before his eyes, which in the course of a day or so became so dense that he could discern no object; and he had been totally blind ever since. It may be that hæmorrhage into the vitreous humor took place at that time, and the cataracts developed afterwards; but this, of course, is only conjectural. When I saw him there was a hard, amber-colored cataract in each eye, with a few narrow, whitish streaks radiating from the centre. The iris stood pretty far back from the cornea, and trembled slightly on sudden movements of the ball. Pupils of moderate size, but not very active; irides normal,—and the patient could readily distinguish the place of a light in the room. The sclerotic was of a light leaden color around the cornea, and permeated by a few varicose vessels. The lenses were considerably reduced in thickness, and slightly in diameter, by spontaneous absorption of the cortical portion. Dilatation of the pupils increased his sensation of light, but did not enable him to see any object.

On the 13th of April I operated on the left eye by a superior flap. The lens was so hard and glutinous, and its adhesion with the capsule so intimate, that the cystotome hung in it, in the manœuvre of dividing the capsule, and slightly dislocated it to one side. Fearing that the vitreous humor might burst through by the side of the cataract, and push it still further behind the iris, I did not resort to the usual pressure, but went in with a small scoop, passed it behind and beyond the lens, and scooped it out without any difficulty. At the moment of its exit, however, a considerable quantity of vitreous humor escaped—perhaps half a drachm, or even more. On inspection, I found that a large portion of the capsule had come out with the lens, still closely adhering to it. The eye was carefully closed with strips of isinglass plaster, and gentle compression used by means of a small piece of cotton confined by a narrow bandage. The man wa



kept in bed five days,—for the first three on his back, as still as possible. The third day after the operation he felt some pain in the eye, which was relieved by the application of cold water, and several instillations, in close succession, of a solution of atropine, four grains to the ounce. The eye was opened on the fifth day very carefully, when he could see large objects across the room. The pupil was drawn a little upwards by a slight *prolapsus iridis*, but was quite clear from any opacity. The solution of atropine was used in the eye several times a day for the first four weeks. On the 26th of May, six weeks after the operation, I had him supplied with a pair of cataract glasses, two and a quarter inches focus, with which he could see persons distinctly two squares off, and find his way wherever he chose to go. He returned home at that time, and wrote me some few months ago that his sight was good, and he had been at work nearly ever since he left, and was coming over before long to have the other eye operated. Liquefaction of the vitreous humor, and unnatural adhesion between the capsule of the lens, were the causes that led to the accident of dislocation of the lens and loss of vitreous fluid.

CASE 4.—M. S., a German, 45 years of age, came to see me from Indiana on the 30th of last July. He had hard cataract of a deep reddish-amber color, of several years' standing, in both eyes. In the centre of each lens was a notable prominence, with a sudden flattening towards the margin. By absorption of the cortical portion the lens had been thinned, but much more towards the periphery than in the line of the axis; hence the peculiar shape, which might be compared to that of a carriage-wheel. His pupils were active, and he had a very good sensation of light.

On the 30th of July I extracted the cataract from the right eye, by a superior flap, without any difficulty. Two weeks afterwards I operated on the left in the same way. The patient this time was very much agitated, and more unruly than at the first operation. When the flap was completed, the pupil, although previously well dilated, contracted suddenly to a very small diameter. As it did not dilate again after a few minutes' delay, I went on with the operation. I could only divide the capsule to a very limited extent without injuring the iris, in consequence of the extreme smallness of the pupil. The lens not coming forward on moderate pressure, I repeated the manoeuvre of lacerating the capsule, but only to the limited extent of the pupil, which was still very small. I again made pressure with the scoop on the inferior part of the globe, just behind the junction of the cornea and sclerotic. The pupil now opened, but a portion of the

vitreous fluid issued from the eye, pushing the cataract to one side, partially behind the iris. I immediately introduced the small straight forceps, and succeeded, after several ineffectual attempts, in seizing and extracting it, with a second gush of vitreous humor. How much was lost altogether I can not say, but certainly not less than half a drachm. In all this manipulating, however, the iris was but little touched, and not at all torn or cut. The eye was closed as in the previous case, atropine being used several times a day. For the first four days he had no pain; then he began to feel a hurting in his eye and surrounding orbit. I purged him, used ice compresses day and night, and applied the atropia still more energetically. When I opened the eye on the fifth day, there was considerable chemosis and injection of the eye; but the pain had abated. He could see my hand and fingers at about eighteen inches distance. There was a slight prolapsus of the iris, which soon smoothed down. Opaque capsule was to be seen in the pupil, with several adhesions to the iris; but the centre of the pupil was free. With the eye first operated he enjoyed very good sight, and moderate vision with the second. When he went home, six weeks after the first and four weeks after the second operation, he could read large print, by the aid of cataract lenses, with both eyes, but better with right. Some weeks after he left I received a line from him, stating that his eyes were still getting stronger and his sight better. Since then I have no further news from him. Suffice it to say, that the eye from which the vitreous humor escaped remained sore and tender to the light much longer than the other, and the sight was less perfect.

CASE 5.—Mrs. M., æt. 45, consulted me about two years ago in regard to her eyes. In the left eye was a matured cataract, with soft cortical and hard nucleus; and in the right, imperfect opacity of the lens. I extracted, on the left eye, without any accident except a small turning down of the flap by the superior lid, in a sudden movement of the ball upwards. It healed favorably, however, but some iritis arose, leaving an opaque capsule in the pupil, with two or three filamentous adhesions to the iris, on the inner side. After a couple of months I made an incision of the cornea at the external side, and seized the capsule with the sertelle. When it had detached from the suspensory and the iris on the inner side, and advanced to near the outer edge of the pupil, the hold failed. As the capsule remained there immovable, leaving more than half of the pupil quite free, I made no further attempt at complete removal. It remains there still in the same position;

the pupil is active and sight very good, the patient being able, with suitable glasses, to read and sew with ease.

On the 7th of June, 1860, I operated on the right eye also by the superior flap. This time she was excessively agitated, and involuntarily strained and contracted the muscles of the eyes and lids most violently. This occurred just as I completed the flap; and at the same moment the lens, and a goodly portion of vitreous humor, came out together. I closed the eye immediately, and applied a bandage. Prolapsus of the iris, drawing upwards of the pupil, iritis and closure of the same, left the eye without vision, but not atrophied. As the sight of the other eye is perfectly satisfactory, I have not made an artificial pupil, which still might give some vision.

CASE 6.—Mr. M., *æt.* 62, came to me from Knightstown, Indiana, with double, hard cataract, the one in the left eye still incomplete. About one year previously the right eye had been operated upon by solution through the cornea. The cortical substance had dissolved, leaving a large hard nucleus, closely enveloped by the capsule, which was adherent to the iris at several points, the pupil being rather large and very inactive, and sensation of light good. With atropia the pupil dilated considerably, and I resolved to extract, but with some misgivings as to the result.

On the 20th October past I made a moderate sized superior flap, and divided the capsule with the cystotome as well as I could; but the lens was so glutinous, and cohered so closely with the capsule, that the instrument hung in the cataract, and partially luxated it with the capsule from the suspensory ligament. Careful pressure was then made, when the vitreous escaped at one side, pushing the lens to the other. I went in with the forceps and seized the cataract, which was then drawn out, still enclosed by a large portion of capsule. A second discharge of vitreous took place, but altogether not amounting to more than, perhaps, half a drachm. I closed the eye, and used gentle compression in the usual way. The patient suffered no pain for four days, when I opened the eye, and he could see my hand and face tolerably distinctly. There was a large prolapsus of the iris, which drew the pupil far upwards. On the fifth day he began to feel some pain in the eye and brow,—the result of an iritis,—which led to complete closure of the pupil. The prolapsus was afterwards smoothed down by several touches of solid nitrate of silver, the eye retaining its natural form and size. Notwithstanding the loss of so much vitreous fluid, he would have had fair sight if the iritis had not oc-



cured. If I had made a superior iridectomy before the extraction, the result might have been different.

CASE 7.—J. P., a man 32 years old, has been blind from cataract in the left eye for seventeen years; but the sight of the other did not begin to fail till within the past six months. I saw him first on the 15th of February just past. I found a small, hard, amber-colored cataract in the left eye, with a number of adhesions between the capsule and iris. With atropine the pupil dilates but little upwards, the lateral and inferior parts being confined by the synechia. Sensation of light very good. In the right eye there is more extensive synechia posterior, so that the pupil responds to the mydriatic still less; expanding, however, to a size about one-third larger than before the application, which was attended by considerable improvement of vision. In this lens are several streaks of opacity in the anterior and posterior cortical substance. I decided to extract the cataract from the left eye, combining with it iridectomy, or excision of a portion of the iris upwards. A medium superior flap brought out a little in the *conjunctiva scleroticæ*, was followed by introduction of the curved iris forceps, with which the iris was seized and a liberal portion drawn out and excised with the scissors. This completed, I saw that there was a tendency to escape of vitreous humor; and fearing dislocation of the lens by an attempt to divide the capsule, I proceeded at once to extract with the forceps. I passed one branch through between the edge of the lens and the ciliary processes, and the other in front. As the lens was seized near its edge, the forceps cut through, when I introduced them a little farther, seized and extracted the cataract with the entire capsule. As the lens escaped there followed a portion of vitreous humor, pushing the flap far upwards. The upper lid was lifted carefully over the flap, and let down so as to close the eye. Compression, the usual frequent instillation of atropine, and perfect quiet in bed,—*dorsal decubitus*,—constituted the treatment. He had no pain,—and on the sixth day the flap had united throughout. He could then see my fingers, face, and the opposite bed-posts. Since then the sight has been improving; and now, three weeks from the time of the operation, he begins to read large print with a lens  $+2\frac{1}{2}$ , and there is every reason to believe his sight will be very satisfactory. The eye is weak to the light, especially when wide open, in consequence of the large loss of iris and the long absence of vision. At least one-third of the iris was excised, but the defect is scarcely noticed, because it is hid by the upper lid. The lower two-thirds of the

pupil which remains is nearly circular, and the entire opening free from any obstruction to the admission of light.

—In cases of hard cataract of long standing, in persons advanced in years, where the lens is considerably reduced in size by spontaneous absorption of the cortical substance, or by absorption caused by the operation of solution, as in patient No. 6, and where the hard glutinous lens is closely embraced by the capsule, there is great danger of difficulty in the second and third steps of extraction, and of the eruption of vitreous humor. The danger is much heightened by the additional presence of synechia posterior and liquefaction of the corpus vitreum. Most of these unfortunate complications existed in all the cases of discharge of vitreous humor which I have detailed, except in No. 5. But, after all, I prefer extraction to depression, in such cases, and no other method is applicable to them but these two. Of the five eyes where I had prolapsus of vitreous humor, three recovered with very fair vision, and another one was so far successful that the patient could recognize objects on the fourth day; but this was lost by the super-vention of iritis. A moderate loss of vitreous fluid, I think, is *in itself* not so serious an accident as is generally supposed; but it nearly always happens that the eye is otherwise more seriously injured where this complication occurs.

---

### Editorial Translations.

---

A Paper on the Treatment of Constitutional Syphilis by repeated Inoculations with the Virus of Chancres. Read before the German Medical Society of Paris, by Dr. Mansouroff, of Moscow.

Syphilization, instituted by Auzias-Turenne, proposed by him in the first stage as a prophylactic means for syphilis, and applied to the treatment of constitutional syphilis first by M. Sperino, and then by MM. Boëck, Sigmund, Steluberg, Danielsen, Hebra, and others, is a great fact, whose importance has attracted the attention of the learned world; but in the present state of science, ought this discovery to be generally adopted? or, ought it to be rejected even as a method of treatment for constitutional syphilis? This is an important question for science and humanity, which will be very soon settled in a definite manner by the learned of all countries. The large number of cases which have been carefully studied for several years at Turin, Christiana, Stockholm, Vienna, Berguen, Pesth, and elsewhere, the scien-

tific authority and the well-known honorable position of the physicians who have studied this question, and the attention which I have given it for five months at Vienna and eleven months at Turin, authorize me to give in this paper a short account of my convictions and my observations, which will be published some time hence in an extended work, and which, I will say in advance, will be favorable to syphilization as a curative method for constitutional syphilis.

1. MM. Sperino and Boëck, who have observed and published a great number of cases, have established the three following propositions : (a.) The repeated inoculation of chancreous virus produces immunity ; (b.) The symptoms of constitutional syphilis disappear under the influence of the inoculation ; (c.) Syphilization acts in a beneficial manner on the health of the patients. These three propositions form the basis of syphilization ; and a certain number of observed cases have convinced me that they can not be contested whenever syphilization has been practiced regularly. Thus, I have seen that in general after twenty or thirty days the symptoms of constitutional syphilis began to disappear ; and that after two, three, or four months, and rarely more, the cure of the patient takes place. This time varies according to the individuals, the gravity of the disease, and the previous mercurial treatment which they have submitted to, etc

2. As to syphilization as a prophylactic means in a healthy man, it has never been practiced by MM. Sperino and Boëck ; and since the year 1852, it has even been abandoned by M. Auzias-Turenne, who practiced it in some cases affected with chancres. The absolute immunity procured by the inoculations is, besides, very transient. After some years, and even in some exceptional cases after some months, the patient loses in part this immunity, although the cure of the constitutional syphilis continues ; and the relapses, or rather the cases of incomplete cure, have been cured easily by a small number of new inoculations, although these individuals are with difficulty inoculated. Consequently, if time proves that syphilization prevents the relapse of constitutional syphilis, as my observations lead me to hope, it is easy to foresee the future of this new treatment.

3. If after some inoculations we interrupt the treatment for several days, we see new syphilitic accidents supervene, or those which already exist to become aggravated ; but both disappear very soon, if we resume the inoculations and repeat them until immunity is established. The production of chancre being the essential condition of syphilization, we may favor its evolution in mercurialized persons



by a small dose of iodide of potas., which, however, may be replaced by other means.

4. Before and during the treatment, we must remove all causes susceptible of producing an inflammatory complication. If these supervene, the artificial chancres may become inflamed and assume a certain gravity, especially with persons who have already been treated with mercurials. Hence, it is sometimes necessary to give a purgative, some baths, and mucilaginous drinks before or during the syphilization.

5. Observation has demonstrated that the more recent and the oldest forms of constitutional syphilis may be cured by syphilization. Among these forms I can count several cases of affections of the bones of the cranium and extremities, affections of the nails and cellular tissue, etc. In these grave cases, when the organism presents but a very feeble reaction to the inoculations, we employ sometimes the iodide of potas., which we know is a good remedy in mercurialism, and favors the development of the inoculated ulcers. In less grave cases,—the *syphilides*, for example,—the effect of the iodide potas. was ineffective or injurious, because it favored the explosion of affections of the skin.

6. From all the facts known at the present time, it results that the relapses after syphilization do not exceed five in one hundred, whilst the relapses after the mercurial treatment have been observed in one-third or one-half of the patients (Boëck). The relapses after syphilization ordinarily present themselves in light forms, which are cured in a very short time by some inoculations.

7. The age and sex of the patients do not constitute any contra-indication for the treatment of constitutional syphilis by means of inoculation. Prof. Boëck cured children of eight weeks as well as old persons of sixty-seven years of age. The experiments of Prof. Sperino were made almost exclusively on women, and demonstrate that the uterine functions were not disturbed by the treatment. On the contrary, with the improvement of the general condition the patients were cured of the syphilitic anæmia and of amenorrhœa. As to children affected with hereditary syphilis, they died often in spite of the syphilization and every other treatment (Boëck).

8. The health of the patients, improved during the treatment, continued after the cure, which encouraged MM. Sperino and Boëck to continue their studies. The patients are neither exposed to the dangers of mercurial or iodic intoxication, nor to their consequences;

they do not carry mercury in their bodies or viscera during four months, or even longer, after the treatment (Gorup-Bezanek, Michaëlis, Schroder Van der Kolk, Kletzinsky, etc.).

9. It is only the practical study which can convince as to its curative value. It is also the general opinion of the celebrated Professors MM. Oppolzer, Hebra, and Sigmund, that syphilization ought to be studied practically before judging of its therapeutical value, and its applicability to the different cases of constitutional syphilis. Besides the opinions emitted in France and Italy on syphilization, we have read also the opinions, more or less differing, of MM. Behrend, Huron, Von Baerensprung, Michaëlis, Simon, Sigmund, Herrman, Kalischer, and others; we have also read the classical works of the learned Professors Boëck and Sperino. These works, and the large number of cases observed clinically in the hospitals of Turin and Vienna, as also in the private practice of M. Sperino, have afforded me advantages to study syphilization, and to form a decided opinion of this new method of treatment. And when we think that there are physicians who never employ mercury, and apply syphilization at all times when they judge it necessary (MM. Boëck, at Christiana, Baumann, at Lillehammel, and Wildagen, at Drammen), we can conceive then that this treatment has solid basis, although its practical importance has not yet undergone all the improvements of which it is susceptible.

10. It is useless to say that syphilization has inaugurated a reform in syphilology, and that this reform has been accomplished by the study of pathological physiology. "Syphilization proves to us by evidence," says Michaëlis (Compend, Wien, 1859, p. 345), "that syphilis is a disease which is cured alone by the powers of nature; and if the physician succeeds in transforming the chronic syphilitic affection into an acute exanthematic affection, syphilization becomes a benefit to the patient; for it places him in the way of a natural cure (*naturheibung*), and spares him any depressing treatment whatever." These words were written by a learned man who defends mercury, and who judges severely syphilization after having tried it with success. His opinion differs, then, from the indulgent opinions of the recent anti-mercurialists.

As the results and the facts of these observations can not be explained in a more detailed manner in this paper, I will confine myself to name only the programme which I will follow later in my description. I will describe the methods of syphilization, the indications and the contraindications, its process, the local effects of

indurated chancreous inoculations, non-indurated chancres (or pustules), abortive, negative inoculations, the immunity, the effects of syphilization on the organism attacked with syphilis, but not suffering from concomitant diseases; on chancre bubo, and the syphilization; upon nutrition, etc. Then will follow the effects of constitutional syphilis on the organism attacked with syphilis, and suffering from accidental diseases,—as fevers, catarrh, rheumatism, anæmia, mercurialism, etc. I believe that the study of syphilization, in all its aspects, being made at the bedside of the patient, is destined much sooner to throw a light on its practical bearings as a method of treatment. As it is supported now by numerous facts which prove its power of curing constitutional syphilis, even in its grave forms, I feel myself authorized to say, with M. Herrman, that the period of experiment is passed, and that it is no longer a question of judging from a large number of facts, but from a small number well observed.—*Gaz. Hebdomadaire.*

---

### Extra-Uterine Pregnancy.

Translated from the German, by D. S. GANS, M.D., Cincinnati.

A woman, 32 years old, observed some time after her fifth delivery a painless swelling in the right inguinal region, of the size of a hen's egg. The swelling increased, menstruation ceased, and the woman was forced to keep her bed for the greater part of the day, on account of severe pain at each step. In the beginning of June she felt movements in the tumor, resembling the movements of a child. The physician called in recognized her condition as an extra-abdominal pregnancy. The normal end of pregnancy took place in the middle of October, when the consulted physician (Dr. Rektorzik, and reporter of this case,) found the following appearances: Patient of middle size, pale, bloated face, and of small muscular development; has an oval tumor proceeding from the right inguinal region with a narrow neck down to between both legs, measuring forty-two centimetres in length and twenty-five in breadth, reaching down to the knees. The skin over the tumor was movable, shining, and covered with different sized veins; the temperature in comparison with the other cutis somewhat heightened. On the right side of the tumor, close to its neck, an elastic oval body, separated from its surrounding parts, about one and a half inches long and half of that wide, could be felt by palpation, which the physician indicated as the ovary. Parts and movements of the child could clearly be perceived. The head was felt at the upper part of the tumor. Percussion over the entire tumor returned a hollow sound. The auscultation gave plainly at the left side of the



tumor the cardiac foetal sound, and a loud souffle isochronic with the radial pulse of the mother. The exploration per vaginam showed the vaginal portion standing somewhat to the right, flabby and swollen; the vagina large, covered with an abundant mucous secretion; the temperature increased.

There could consequently be no doubt about the correctness of the above diagnosis. It was believed that the development of the fetus had taken place in a horn of a unicorn uterus, outside of the abdomen.

As a natural expulsion of the child by supparation would positively cause the death of the child, and more than probably also that of the mother, the operation was decided upon, and performed on the 22nd of October. The integuments were opened on the left side of the tumor, two and a half inches from the median line, to the length of five inches, when the smooth surface of the peritoneum covering the foetal sac presented itself. The hypertrophied walls of the horn acting the part of the uterus were now opened, the membranes ruptured, and the extraction of the child, the lower extremity presenting, was accomplished. The child immediately cried. Two bleeding arteries of the horn were ligated, and a strong hæmorrhage from a vein was stopped, partly by contraction of the surrounding tissue, partly by a solution of sesquichloride of iron applied by a sponge. As the placenta, on account of firmly adhering, could not be removed, the wound was closed, and cold application made; after which the cavity contracted somewhat. No after hæmorrhage took place. The child is doing well. The mother commenced vomiting during the day; quick pulse; later, coma, with stertorous respiration, and in the evening death. Post mortem examination was refused.

---

## Correspondence.

---

BOSTON, MASS., March 8, 1861.

MESSRS. EDITORS:—The commencement exercises of the Harvard Medical School took place at the College, in North Grove street, on Wednesday last, in the presence of His Excellency the Governor, the Board of Overseers of Harvard College, and a large number of physicians, among whom we noticed, as an attentive listener, the venerable Dr. Mussey, of your city. Dissertations were read on the following subjects: 1. Hospitals; 2. Scarlatina; 3. Pleurisy; 4. Insanity; 5. *L'Homme, Considéré sous le Rapport du Physique et du Morale*; 6. Anæmia and Chlorosis; 7. Transfusion of Blood.

The graduating class numbered forty-nine. President Felton, in conferring the degrees, addressed, at some length, the Governor, Faculty, and the new M.D.'s, in Latin, as he is accustomed to do, in his peculiar graceful and facile manner.

The exercises were concluded by an address from Prof. George O. Shattuck. He discussed the proceedings of the late National Convention of Medical Teachers, concerning the requirements of a more thorough preliminary and medical education for students, and what the Faculty of this school had done during the past year, and are now doing, for the elevation of this profession,—believing that the Harvard School stands second to none in the country; and finally closing with some well chosen words of exhortation and counsel to the young graduates.

The Female Medical College, No. 1, closed the same day, with five full-fledged M.D.'s in crinoline. Two or three *Reverends* were called in, to give unction to the ceremonies. College No. 2 terminated its winter course a week ago, with about the same number of Esculapian daughters.

It has been claimed by some that no death has *really* occurred by the use of pure sulphuric ether, while others have reported that such deaths have taken place. That this subject may be fully elucidated, the following circular has been issued:

“BOSTON, MASS., U. S.

“The question of the entire immunity from danger which is claimed for anæsthesia produced by ether, being still under discussion, the Boston Society for Medical Improvement has appointed the undersigned a committee ‘to investigate the alleged deaths from the inhalation of sulphuric ether, and to report thereon.’ They would therefore request the medical profession, or any person into whose hands this may fall, to communicate to either of them such cases, coming within their own observation, as shall serve to this end; giving the place, time, and circumstances of their occurrence, with the mode of inhalation adopted, and, especially, information in regard to the following points: 1st. The kind of ether used, whether pure sulphuric ether, chloric ether, or ether combined with chloroform; 2d. The period after inhalation at which death occurred. Also, any other facts which may enable them to form an opinion on the subject of their investigations.

RICHARD M. HODGES, M.D.,

GEORGE HAYWARD, M.D.,

SOLOMON D. TOWNSEND, M.D.,

CHARLES T. JACKSON, M.D.,

February, 1861.

J. BAXTER UPHAM, M.D.”

The Boston Sanitary Association has been agitating the subject of a more thorough protection of the people of the city and State from the epidemic influences of small-pox. Quite a number of years ago

a State law existed requiring isolation of those sick of this disease. This law was repealed. It is now proposed to ask the legislators to revive the old law, or enact something similar. At a meeting of the Suffolk District Medical Society, on the last Saturday of February, the following resolutions were adopted almost unanimously, the subject having been brought before the Society by a committee from the Sanitary Association :

“ *Resolved*, That in the opinion of the Suffolk District Medical Society, the history of the late epidemic of small-pox in Boston, and also the history of the disease for the last fifty years, show satisfactorily that the means for its prevention, as now in force, are insufficient for the purpose.

“ *Resolved*, That the present measures for enforcing the general practice of vaccination and re-vaccination in the city, and more especially in the interior of the State, do not seem to have been fully adequate for the purpose.

“ *Resolved*, That the repeal of the statutes by which patients with small-pox and varioloid were restricted from communication with others, has tended to increase the extension of the disease ; and that the Society are of the opinion that isolation of persons infected with small-pox would, under humane and wise provisions, promote public health and diminish mortality.”

At a recent meeting of the Sanitary Association, Dr. A. A. Hayes, State Assayer, read a paper on the adulterations of milk. One of the daily journals gives the following report :

“ The importance of the subject is shown by the facts that the annual consumption of milk in this city is very nearly represented by the sum of \$1,300,000, of which sum about \$150,000 is paid for that which is not milk. Of all the milk sold, one-fourth part is rendered, by falsification, unfit for use. A chemical analysis shows that milk must be considered as the type of all food,—containing everything to sustain life. Boston milk, analysis shows, produces seven or eight parts of cream in the hundred parts. The first and most important adulteration is that of adding water, fresh or salt, pure or colored (with molasses). When this addition is made, chemical changes follow with very great rapidity. Another adulteration is by the addition of a small portion of bicarbonate of soda ; this is done for the purpose of retarding chemical changes. In the examination of cases brought before the courts, it appears that adulterations of milk are conducted systematically, and that persons are organized together for that purpose. Of the milk which comes from the neighborhood of Charlestown, a great proportion is mixed with water ; and this addition of water amounts to about one-third the volume. The business constitutes a regular business. The milk which is supplied to the poorer people of Boston is mostly of this character ; and it is easy to see how great an evil it has become.

“ A great deal of harm is done by milk taken from diseased cows.



It is believed the amount of falsification in this article of food is less than it was four years ago, the legislation of the Commonwealth thus far having had an excellent effect; yet it is desirable that further attention should be given to the subject. The speaker, after describing the apparatus employed to detect adulterations of milk, proceeded to speak of adulterations in manufactures from milk: butter and cheese. The latter is frequently injurious from being manufactured of milk in which decomposition had commenced. Metallic articles are sometimes found, acquired from newly painted shelves, or from zinc vessels. Cheese poisonings are not a rare occurrence, by any means. These are sometimes caused by the production of some of the lower orders of vegetation in the cheese, and sometimes by other means, not always to be ascribed to carelessness. Butter is sometimes adulterated with lard. And not only is this done for exportation, but when the article bears a high price, lard is sometimes found in the better class of cakes of butter. This sort is mostly sold to confectioners, however."

The question has been mooted about the profession taking some definite action, as a body, in recommending some competent druggist as Drug Inspector, under the new administration. This office is generally in the hands of some incompetent person.

Measures are being taken to establish a Homœopathic hospital in this city.

B.

---

### Extraordinary Case of Imperforate Hymen, with Successful Operation.

MESSRS. EDITORS:—On the 8th of June last I was called upon to visit Miss Sarah J. McD., aged 17 years, and found her apparently in a dying condition. Her sufferings were almost intolerable, resembling those of acute sciatica. She had become hectic. Singultus and partial delirium had set in. On inquiry, I learned from her friends that some four months previous she had undergone what *was called an operation* at B., Ohio, by three surgeons in consultation, for imperforate hymen; that a bloody discharge followed for a day or two, but at her next monthly periods she had no discharge, but suffered very much; and now at this juncture, being about the fourth month from the previous operation, she had become reduced to almost a complete state of marasmus. Upon examination per vaginam, I found the passage to the uterus completely obstructed by a dense, thick, unyielding membrane, and near the centre an apparent cicatrix (as I presumed, from the previous operation). She was enormously swollen, and with symptoms of gangrene. I at once determined that her only hope of recovery was in an immediate operation; and as no experienced surgeons were convenient to be had in consultation, I proceeded, with such assistance as I could get, to operate. After ascertaining that the

bladder was evacuated, I had assistants take firm hold of each limb, that in case she did not become properly etherized I could operate safely. I soon found it impracticable to bring her under the influence of ether (which was being administered by Dr. Fordyce); consequently, I directed the assistants to hold the limbs firmly while I passed the trochar. I then introduced a silver tube, and concluded to let it remain a few hours, during which time a large quantity of black, putrid blood was discharged. Ordered stimulants and tonics, with animal broth.

After the lapse of about thirty hours, I proceeded to complete the operation by making a full crucial incision. Upon introducing a long probe-pointed bistoury through the opening made by the trochar, to my astonishment I found the membrane to be more than half an inch in thickness; and (to give a homely comparison) it cut like the tough substance of a green pear. I had a large size tent kept in the opening, to be removed occasionally, etc. Cupped the patient next day; followed with hop fomentations, and charcoal and linseed poultices alternately. The discharge continued about eight days, finally changing to the more natural menstrual flux. The patient gradually made an excellent recovery, and has become a very healthy young lady, having the regular monthly flow.

I would add that on examination with uterine speculum, some two months since, I found an opening through the membrane of over half an inch in diameter, the parts being very healthy, apparently; and she states that she weighs some fifteen pounds more than ever before.

I have written out this case in as brief a manner as possible, not as being the first operation of the character, but in view of her critical condition and the completeness of her relief. I write, therefore, to encourage surgeons under similar circumstances to persevere, being myself always happy to see the account of such extreme cases in your valuable journal. Very respectfully, J. BOWMAN, M.D.

SISTERVILLE, TYLER Co., VA., March 14th, 1861.

---

*Remedial Powers of Quinine.*—In a somewhat confusedly written paper lately read before the Chicago Academy of Medicine, Dr. J. N. Graham arrives at the conclusion that quinine seems to act "by the circulation through the cerebral centres, upon the general nervous system;" that it is tonic, stimulant, anti-periodic, diaphoretic, anti-spasmodic, and narcotic, but that these results are produced or modified by quantity, time, latitude, disease, and condition.—*Chic. Med. Exam.*

## Reviews and Notices.

---

*The Transactions of the American Medical Association*, instituted 1847. Vol. XIII., for 1860. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne street. 1860.

After the usual record of the proceedings of the Association, and the customary reports of the Publication Committee and Treasurer, we have first in the volume before us the address of the retiring president, Dr. Henry Miller, of Louisville. The principal portion of this address is taken up with the discussion of the fruitful theme of medical education. The address is interesting, but we fail, after its careful perusal, to make any special or novel gleanings.

In accordance with the modification of the plan of the Association made at Louisville, in 1859, the Association this year conducted its workings in sections, and to all appearance this feature has worked well. The section on Medical Topography, Epidemics, etc., furnishes reports of considerable value on the Topography and Epidemics of New York, by Joseph Smith, M.D., and of North Carolina, by James H. Dickson, M.D.

The surgical section affords three reports, which will severally attract considerable attention. The first is On Various Surgical Operations for the Relief of Defective Vision, by M. A. Pallen, M.D., of St. Louis, Mo. Next we have Dr. J. N. McDowell's Report on the Improvements in the Art and Science of Surgery in the last Fifty Years. In passing we may say, briefly, that this report of Dr. McDowell's partakes of the well-known eccentricity of its author; thus, in expressing his deprecation of the use of chloroform, he speaks as follows: "With these cases before my eyes, I have determined never to give chloroform in any operation but when diluted with sulph. ether, and then never to its fullest extent; but if my patients will have an anæsthetic agent, will give them as much good whiskey as they will drink, which, after all the boasting of the advocates of chloroform and ether, is the very best agent of the kind that can be used, and answers all the purposes of the others, without the dangers attending their use. . . . Were I an autocrat in surgery, I would banish from my dominions all anæsthetic agents but opium and alcohol."

The report on *Morbus Coxarius*, or Hip Disease, by Lewis A. Sayre, M.D., of New York city, is a lengthy one, occupying nearly one hundred pages of the volume before us; but we believe it will be very extensively read. It is very valuable, and will repay many times



over the cost of the Transactions. This report gives the result of Dr. Sayre's experience in the treatment of these hip-disease cases, with results that indicate that we are progressing in our knowledge of these vexed affections. The apparatus of Dr. Davis, the wire splints of Dr. Bauer, as well as many other mechanical contrivances for the treatment of these cases, are given in careful detail. Of course, we can not, with any justice to so extended a paper, make any satisfactory analysis of its contents.

The section of practical medicine presents several reports of importance. The first is on the Influence of Alcoholic Drinks on the Development and Progress of Pulmonary Tuberculosis, by N. S. Davis, M.D., of Chicago. The point of this paper is to demonstrate that alcohol is, first, no prophylactic to pulmonary tuberculosis, and, second, that the apparent salutary effects of alcohol in the treatment of established tuberculosis are apparent, not real—are transient, not permanent. Dr. Davis is an ultraist on this question, and we are satisfied the *present* experience and opinions of the mass of the profession do not coincide with those presented by him. His conclusions are as follows :

“1st. That the development of tubercular diseases is facilitated by all those agents and influences, whether climatic or hygienic, which directly or indirectly impair or retard the metamorphosis of the organized structures, and the efficiency of the organized structures.

“2d. That observations and carefully devised experiments both show that the presence of alcohol in the human system, notwithstanding its temporary exhilaration of the cerebral functions, positively retard both metamorphosis and elimination.

“3d. That neither the action of alcoholic stimulants on the human body, nor the actual results of experience, furnish any evidence that these stimulants are capable of either preventing or retarding the development of tubercular phthisis.”

A Report on the Education of Imbecile and Idiotic Children, by H. P. Ayers, M.D., of Fort Wayne, Ind., is, next, an interesting résumé of the whole subject.

The report on Inebriate Asylums, by C. McDermont, M.D., of Dayton, O., is brief, but to the point ; and as this new movement is just now attracting the general attention of the public and of the profession, the suggestions of the report will prove well timed.

Dr. Reese follows in a carefully prepared report on Medical Education. It is an excellent report, as we have heretofore taken occasion to say. The suggestions which look to a reform in teaching and conferring degrees are worthy of more than a passing thought and commendation.

The remainder of the volume is occupied with reports on Medical

Literature, by D. F. Wright, M.D., of Nashville, Medical Necrology, by C. C. Cox, A.M., M.D., of Maryland; as also we find the plan of organization of the Association, the code of ethics, officers and permanent members.

We must express our regret that the good results to be obtained by publishing the Transactions of the Association are in great measure lost by the tardy appearance of the volume.

---

*The Institutes of Medicine.* By MARTYN PAINE, A.M., M.D., LL.D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York, member of many learned societies, etc., etc., etc. Sixth edition. New York: Harper & Brothers, publishers. 1860.

For the genius of Martyn Paine we entertain sentiments of the sincerest admiration. He is one of the earnest men of this age and country. Whatever he believes and teaches, he maintains with his might and as a brave champion for right and truth. All these qualities of the man are manifested in his great work on the Institutes of Medicine. Some years ago we took occasion in this journal to give a somewhat careful review of the work before us, as also of the general writings of Prof. Paine; and since that time we have had occasion to call the attention of the profession to at least one new edition of the Institutes before the present. It seems scarcely necessary for us to enter into any fresh analysis of the work at this time. We will only say that the hand of the author has still been at work in perfecting the edition that is now sent forth. A large number of fresh references are added to previous editions, and minor errors which had crept in are carefully expurgated. We wish our readers would buy this book, and make a careful study of its storehouse of knowledge and doctrine: they will be the stronger for such wholesome aliment.

For sale by Rickey & Carroll, Cincinnati. Price \$4.

---

*A Practical Treatise on Mechanical Dentistry.* By JOSEPH RICHARDSON, D.D.S., M.D., Professor of Mechanical Dentistry in the Ohio College of Dental Surgery. With one hundred and ten illustrations. Philadelphia: Lindsay & Blakiston. 1860.

Although this volume on Mechanical Dentistry, by Prof. Richardson, is not strictly a medical work, yet as pertaining to a kindred science we find great pleasure in calling the attention of our readers to its merits. We find, too, a degree of Western pride in the evident high character which belongs to this book. The care of the teeth is a part of dentistry which a large proportion of the regular medical profession are still called upon to consider and assume. The extracting of teeth,

advice for the health of teeth, and, indeed, much of the mechanical details of the dentist proper, are frequently imposed upon the country physician; so that he must take some interest in this kindred profession, whether pleasant to him or unpleasant. We have often thought, in view of this necessity, that some experienced practical dentist might prepare a very useful manual, giving instruction to physicians upon these common mechanical requirements of dentistry, which so often come within the purview of the physician.

The volume before us, however, is preëminently a work for the practical dentist alone: it treats of those matters which belong to the laboratory of the working dentist. It treats of furnaces, blow-pipes, and crucibles of the laboratory—of the metallurgy of the laboratory. It treats of artificial dentures; plaster models; metallic dies; pivot teeth; supports and attachments of dentures; artificial teeth; porcelain block teeth; vulcanic base; defects of palatal organs, and their treatment,—besides a large number of kindred topics which we have not even taken the time to enumerate.

Messrs. Lindsay & Blakiston have done their part of the work as publishers in most excellent taste and style. We notice the printing, paper, and copious wood-cut illustrations as very excellent and attractive. We have no doubt this book will meet with a large demand.

For sale by Rickey & Carroll, Cincinnati. Price \$3.25.

---

*Diphtheria: its Nature and Treatment*; with an account of the history of its prevalence in various countries. By DANIEL DENISON SLADE, M.D. Being the dissertation to which the Fiske Fund Prize was awarded, July 11, 1860. Philadelphia: Blanchard & Lea. 1861.

This valuable prize essay, on a disease which is at present attracting so large a share of professional attention, was first published in the *American Journal of the Medical Sciences* for January, 1861, and from that journal this little book is a reprint.

In the historical portion of his essay, Dr. Slade has gone back to a starting-point almost fifteen hundred years ago, tracing up from that time to the present epidemics that seem to have been of a diphtheritic character.

He considers the disease a specific blood disease; that its *diagnostic* feature is the peculiar membranous exudation; and that it is propagated by infection and contagion.

In the treatment he places great stress upon hygienic measures and supporting remedies. Quinine, mur. tinct. of iron, chlorate of potash, beef tea, and, in some cases, brandy, are the prominent remedies



advised. The author is amongst those who discard nitrate of silver as a topical application, except it be early in the disease. He gives the preference to the mur. tinct. of iron, applied by means of a sponge, or diluted with water and used as a gargle.

The fact that the trustees of the Fiske Fund have so fully endorsed the merit of this essay, obviates the necessity of any particular commendation on our part; we therefore only add that it is evidently exhaustive of the subject, so far as the investigations of our day have gone.

Received through the courtesy of George Blanchard, Cincinnati.

---

*On Diabetes, and its Successful Treatment.* By JOHN M. CAMPLIN, M.D., F.L.S.  
From the second London edition. New York: S. S. & W. Wood. 1861.

This little book is simply a narrative of the personal experience of the author, who, having labored under diabetes himself, gives the details of the principles and treatment which with him led to recovery. The book is originally a communication to the Royal Medical and Chirurgical Society of London, and was published in the Transactions of that body, from which also this is a reprint.

The especial plan of treatment which in the personal history of Dr. Camplin proved so successful, was a peculiar sort of bran bread, which formed his almost exclusive diet. He says that he had entered upon quite a variety of dietetic arrangements, all of which had been apparently without any effect or impression on the disease; and that, finally, at the suggestion of Dr. Prout, he adopted this peculiar "bran cake," which for a long time made up his diet, in connection with meat and vegetables. The adoption of this diet effected a complete cure. As a sort of appendix to the book, the author relates the treatment of several other cases upon the same general principles and management, with like good results.

This little volume is a very interesting one; and others that we know have acted upon these suggestions with advantage.

For sale by Rickey & Carroll, Cincinnati. Price 50 cts.

---

*Bellevue Hospital College.*—We notice by the New York *Medical Times* that an act has passed the Legislature of New York chartering the Bellevue College Hospital. It is the design of the Medical Board of Bellevue Hospital to organize a medical school in immediate connection with that institution.

*Humboldt's Library* has been purchased by Mr. Henry Stevens, of London, who is about to sell it at auction.

## Editor's Table.

---

*Philip Syng Physick.*—From the recent work on American Medical Biography, by Dr. Gross, we gather some points in the history of the father of American Surgery that may be of interest to our readers, by way of recalling the memory of so great and good a man. Dr. Physick was born in Philadelphia the 7th of July, 1768, and died on the 15th of December, 1837, in the 70th year of his age.

Dr. Adam Kuhn was appointed to the chair of *Materia Medica* and Botany in the Philadelphia Medical College the same year in which Dr. Physick was born, and subsequently young Physick made his medical pupilage in the office of Dr. Kuhn. To those who are in the habit of regarding Physick as the great and successful surgeon, it will appear somewhat singular that, originally, he had a decided aversion to the study of this profession, and that, when first taken by his father to witness the amputation of a limb, in the amphitheatre of the Hospital, he was obliged to be removed, from the fact of his almost fainting.

After remaining in the office of Dr. Kuhn about three years, and during this time listening to the lectures of the faculty of the Philadelphia College of Medicine, young Physick went to London in 1789, and was placed under the care of John Hunter, becoming at once a member of his family, thus receiving his constant teaching, and availing himself more directly of the advantages of St. George's Hospital, of which Hunter was Surgeon.

In reply to an inquiry of the father of Physick, what books his son would require, Hunter conducted them to the dissecting room, and pointing to several bodies, remarked: "These are the books which your son will learn under my direction; the others are fit for very little."

It is very evident that Physick early became a decided favorite with Hunter, so much so that only one year after his arrival in London he received the appointment to a vacancy in the Hospital as House Surgeon, through the influence of Hunter. This high proof of confidence, on the part of Mr. Hunter, for his American pupil, was rendered complete when some time subsequently he invited him to take up his residence with him, and share his professional business. Had Physick accepted this tempting offer, there is no doubt of his brilliant success. Happily for American Surgery, he was determined to make his native city the field of his professional efforts and triumphs. Dr. Physick

returned to America in September, 1792, in the 25th year of his age, and after having devoted eight years to his medical studies.

With such antecedents, it could scarcely happen otherwise than that Physick should rise rapidly in professional position. In 1794 he was elected one of the surgeons of Pennsylvania Hospital.

The years 1793 and 1798 are memorable in the history of Philadelphia for the scourge of yellow fever which visited that city in those years. And amongst the most prominent points in the life of Physick were the active part he played, and the invaluable services rendered during its prevalence. So marked is this period of his professional career that at the conclusion of his voluntary duties at Bush Hill Hospital, the board of managers presented him with several pieces of plate, valued at more than a thousand dollars, with appropriate inscriptions.

In the year 1800 Physick commenced giving a private course of lectures on Surgery, the lectures on Surgery in the University at that time being given by the professor of Anatomy and Midwifery. In 1805 a separate chair of Surgery was established, and Dr. Physick was appointed to fill its duties.

It is said that the lectures of Dr. Physick were "carefully prepared and written out." Indeed, he was opposed to "extemporaneous lecturing, alleging that no man had a right to place so much confidence in his memory as would be implied by this practice, when treating of scientific subjects." Although not ornamental or elegant in his style, yet there was such a complete mastery of his subject as to render him very impressive in his manner.

What a galaxy of great names were associated with Physick in the University of Pennsylvania: Wister, Rush, Shippen, whose death made way for James, Barton the elder; Chapman, Coxe and Hare, coming on to the stage still before his death.

During the quarter of a century succeeding the election of Physick to the chair of Surgery, in 1800, he was the recognized chief of the surgeons of Philadelphia, and few in America contested with him this high position.

We might continue these brief notices to considerable length, multiplying the incidents of the latter days of Physick's professional life. We only add a few: In 1819 he very unwisely allowed himself to be transferred from the chair of Surgery to that of Anatomy—from a position where he had no superior to one where he did not particularly excell. He continued to fill this position for twelve years—that is, until 1831. Thereafter he withdrew from all public teaching. Many



complimentary appointments continued to be bestowed upon Physick. Among these he held the office of president of the Philadelphia Medical Society, from 1824 up to his death in 1837.

We have not the time, nor is this the proper place, to dwell at any greater length upon the life and character of Dr. Philip Syng Physick. To those who have possibly had a renewal of interest in the memory of this great American Surgeon, we direct attention to the work, by Dr. Gross, already named, the memoir being prepared for the book by Dr. John Bell, at one time professor in the Medical College of Ohio, now a practitioner in the city of Philadelphia.

---

*The Commercial Hospital of Cincinnati.*—We are happy in announcing to our readers that the bill before the Legislature reorganizing this hospital has become a law. For the future, it will be under the management of a board of seven trustees, who are to serve without pay. Two of them are to be appointed by the Superior Court, two by the Court of Common Pleas, one by the Governor, and the Mayor and oldest member of the Board of City Infirmary are to constitute the other two. This Board has power to discharge the present medical staff at pleasure, and appoint whom they may please. The ugly monopoly which the Medical College of Ohio has so long exercised over the hospital, and so detrimental to medical teaching, has at last been broken up. Dr. Drake began an active opposition, in 1837, against the monopoly exercised by the Medical College of Ohio, and now we live to see it successful. We hope the new Board will take a large and liberal view of the interests of the hospital and medical teaching in this city, and appoint good men on the staff of the hospital. The law is not all that was desired, and unless the hospital service is rendered by men unconnected with the College, further legislation will be sought for to amend it. The object and the wish is to have the hospital organized with a corps of surgeons and physicians well qualified in every respect, who have time sufficient to devote to it. That the Faculty of the College have not time to do duty in the hospital, is well known to every man in the city who knows anything of the two institutions; if it had, it would be gross injustice to a number of meritorious men in the city to exclude them.

We shall urge on the new Board the carrying out of this idea in their appointments. We shall still further urge on them the necessity of having clinical lectures delivered daily in the hospital, Sunday and the hot months excepted. In making these needed reforms, we shall expect soon to see a new building, and a large number of medical stu-

dents to take advantages of the excellent opportunities of learning clinical medicine. Instead of the Medical College of Ohio losing anything by having its privileges curtailed in the hospital, we think it will gain much in influence and students. At any rate, we believe that all those who have been active in procuring the passage of the law reorganizing the hospital have not had the most remote idea of injuring the College. The new law will go into force May 1st.

---

*Cincinnati Academy of Medicine.*—The annual election of officers of the Academy took place on the evening of the 4th of March. Dr. John F. White was reelected President; Dr. S. O. Almy, first Vice President; Dr. H. E. Foote, second Vice President; Dr. C. T. Simpson, Recording Secretary; Dr. W. T. Brown, Corresponding Secretary; Dr. W. H. Taylor, Treasurer; and Dr. R. R. McIlvaine, Librarian.

---

*Medical College of Ohio.*—The annual commencement and conferring of degrees of the Medical College of Ohio took place in the College edifice Monday evening, March 4th. The address on the part of the Board of Trustees, with the conferring of diplomas, was by Flamen Ball, Esq., President of the Board. Prof. Hibberd delivered the valedictory.

The following gentlemen received the degree of Doctor of Medicine: Andrew Baxter, Cincinnati; J. H. Buckner, Covington, Ky.; Henry Eversmann, Kutopolis, Ill.; J. S. Kinsey, Dresden, O.; J. B. Johnston, Montgomery, O.; J. S. Ferguson, Oxford, O.; Thomas J. Karber, Cheviot, O.; L. B. Abney, Elizaville, Ky.; Thomas McMillan, Milford, Ky.; Henry W. Turner, Cincinnati; N. S. Richardson, Lebanon, O.; G. A. H. Niedermeyer, Cumminsville, O.; William S. P. Neil, Verona, Ky.; John P. White, Cincinnati; Henry Plummer, Poplar Plains, Ky.; George W. Garver, Hamilton, O.; J. B. Kniffin, Crittenden, Ky.; Charles Mann, Crittenden, Ky.; H. A. Langdon, Columbia, O.; Alex. Ingram, Cincinnati; J. T. Cating, Gallipolis, O.; D. W. Taylor, Jalopa, Ind.; A. B. Taylor, Wawpikong, Ind.; Henry T. Lacey, Newark, O.

Dr. H. S. Conklin, President of the Ohio State Society, with Drs. Kincaid, McMeens, Dorsey, and Bonner, were present during the examinations of the candidates, as we understand, by invitation of the Faculty of the College. A handsome entertainment was given by the Faculty, at the residence of Prof. Blackman, to the graduates and many invited guests.

*Ohio State Medical Society.*—It will be seen by the following letter from Dr. Dawson that the time of meeting of the Ohio State Medical Society is changed from the 11th to the 25th of June :

CINCINNATI, March 25th. 1861.

MESSRS. EDITORS :—I have been directed by the President, Dr. H. S. Conklin, to announce, through the medical journals of the State, that the officers and the Executive Committee have changed the time of the next meeting of the Ohio State Medical Society from the second Tuesday (the 11th) to the fourth Tuesday (the 25th) of June. I have also been directed to state the following as the reasons which induced the change: 1st. The American Medical Association meets this year in Chicago in the early part of June,—hence, it would be next to impossible for gentlemen to attend that meeting and our State Society on the 11th; 2nd. Owing to some improvements which the proprietor, Mr. Wilson, is making at the Ohio White Sulphur Springs, it would be inconvenient for him to entertain the Society before the 25th.

An official announcement by a circular to each member will be made in a few days.

Respectfully,

W. W. DAWSON, M.D., Secretary.

*Another Medical Journal Deceased.*—The *Georgia Medical and Surgical Encyclopedia* closes its existence after a brief life of eight months. In our last we had occasion to notice the untimely death by starvation of the *Louisville Medical News*. The fate of this journal, too, might seem to “point a moral and adorn a tale,” but it is useless to make the application: it is still the same story. The editors in their valedictory state: “We began the publication of the *Encyclopedia* with a list of subscribers (credit ones, mostly) sufficiently large, had they responded to carry our enterprise through its first volume.” But as those who had the chief benefit of the publication failed to meet its liabilities—well, they “reluctantly suspend its publication.” We say it is unnecessary to make the application of these frequently recurring journalistic histories; for, despite the moral they teach, there are nevertheless hundreds of deluded individuals all over the country who fancy that medical editors are the happiest dogs in existence—free from care—all their subscribers, of course, pay in advance; and that they have a good time generally. We don't think there is any cure for such fallacies but to indulge in the little bit of expensive pastime of establishing a new journal.

*New Publications.*—Blanchard & Lea have published a new edition of Dalton's Physiology, which will be noticed in due time; also, the same house has just issued an edition of Lyons on Fever.



*The American Medical Association* will hold its fourteenth annual meeting in Metropolitan Hall, city of Chicago, on the *first Tuesday* in June next. Each regularly organized medical society is entitled to send one delegate for every ten of its members; and each medical college is entitled to two delegates. The names of delegates should be forwarded, as soon after their appointment as possible, to Dr. H. A. Johnson, Assistant Secretary, Chicago, Ill.

---

*Drs. Sheets and Gibbs—their Controversy.*—We have published communications from both these gentlemen, and in strict justice owe it to Dr. Sheets to make a reply to the last article from Dr. Gibbs; and we have received from Dr. Sheets a communication accordingly; but we have appealed to his generosity to permit the matter to drop as it stands—feeling, as we do, that no useful purpose can be subserved in a controversy wherein parties are waxing warm beyond the proprieties and amenities of professional courtesy, and in which very few beyond the parties engaged feel any real interest.

---

*Homœopathic Confession of Faith.*—We clip the following significant item from a recent number of the *American Medical Times*:

The Homœopathic College of this city recently held its commencement, on which occasion the president gave the following significant charge to the graduates. We need no other proof of the worthlessness of the system which these young men are now deemed qualified to practice: "You need not stick alone to Homœopathy: if that will not cure, try Allopathy. If Allopathy fails, try Hydropathy; and if you are not then successful, adopt Spiritualism, or any other curative means that may be at hand."

---

*Professorial Changes.*—We see it stated in the New York and Philadelphia journals that several changes are rumored in the Philadelphia schools. Amongst these, Prof. Meigs, so long connected with the Jefferson Medical College, resigns at the close of this past session. Already quite a list of candidates are named for this vacancy. It seems generally conceded that the appointment will be conferred on some Philadelphian, but we observe several prominent names at a distance mentioned for this place; of these we note Dr. Miller, of Louisville, and our old friend and classmate, Prof. Byford, of Chicago.

---

—The venerable Prof. Mott is appointed, by the New York Academy of Medicine, the biographer of the recently deceased Dr. John W. Francis.

*Cincinnati Summer School of Medicine.*—This school was opened to a large class on Monday evening, March 11, by an introductory lecture from Dr. W. H. McReynolds. The lecture was well written, and did great credit to the author. —

*Hospital Appointments in Cincinnati.*—Drs. Andrew Baxter, Henry Eversmann, and Thos. J. Karber were appointed by the Faculty of the Medical College of Ohio as Resident Physicians to the Commercial Hospital for the ensuing year. Dr. Thomas McMillan was appointed Resident Physician to St. John's Hospital, on Third street.

*University of Nashville, Medical Department.*—At the close of the lectures of this prosperous medical school, the degree of M.D. was conferred on one hundred and forty-one gentlemen of the graduating class.

*St. Louis Medical College* held its annual commencement on the evening of February 22, when the degree of M.D. was conferred on fifty-two graduates, five of whom were *ad eundem*. The valedictory was delivered by Prof. C. W. Stevens.

*The Jefferson Medical College, of Philadelphia*, at its recent commencement graduated a class of one hundred and eighty-six. The list of matriculants this year was four hundred and forty-six.

The matriculants of the *Medical Department* of the *University of Pennsylvania* numbered four hundred and sixty-five, and the graduating class was one hundred and seventy-five. From this it would appear that the political troubles of the year have not very materially detracted from the prestige of this ancient seat of medical learning.

*Commencement of New York University Medical College* was held on Monday evening, March 4th, when the degree of M.D. was conferred on one hundred and twenty-nine graduates, with six additional members passing a successful examination from whom the degree was withheld as they had not attained the age of twenty-one. In the award of medals the Mott medals were awarded, the one of gold to Eugene S. Olcott, of New York, for the best dried anatomical preparation, the bronze medal to M. J. Moses, of Georgia, for the best record of Prof. Mott's clinical instructions. The Metcalf prizes, for the two best reports of the Professors' clinics, were awarded to Wm. R. Reyphen and Alex. R. Gebbie. The Van Buren prizes, two cases of instruments, were awarded to John D. Murphy and Wm. R. Reyphen. Prof. Post addressed the graduating class. The matriculants for the session numbered four hundred and twenty.

*Transactions of the American Medical Association.*—The following information may be of service to some of our readers :

"The Transactions for 1860, vol. xiii., are published, and now ready for delivery. Should you desire a copy, please remit THREE DOLLARS to the address of Dr. Caspar Wister, Treasurer of American Medical Association, No. 1303 Arch street, Philadelphia. As there are various methods by which the volume may be sent, you will inform him which you prefer. If by mail, please forward SIXTY-THREE CENTS in post-office stamps, that your postage may be prepaid. The following volumes are for sale: Proceedings of the Meeting of Organization, 50 cents. (Vols. i., ii., iii., and iv. are out of print.) Vols. v., vii., viii., and ix., if taken collectively, \$5 for the set; if singly, \$2 apiece; vol. vi., at \$2; vol. x., at \$2; vol. xi., at \$2; vol. xii., at \$3; vol. xiii., at \$3."

---

*A Double Prescription.*—A gentleman wrote to the late Dr. Francis the following note :

"Dear Doctor—I caught cold yesterday, and have got a little horse. Please to write what I shall do for them. J. P."

"Dear P.—For the cold, take half of a pound of butter candy. For the little horse, buy a saddle and bridle, and ride him out of town the first time we have pleasant weather. Yours, DR. F."

"P. S.—Who taught you to spell?"

---

*The New Orleans Medical Times* is the successor to the *Medical News and Hospital Gazette*. No. 1 of this new series has reached us, edited by Anthony Peniston, M.D. It is in appearance and matter the worthy son of a worthy sire. We cordially welcome Dr. Peniston to the ranks of the editorial family.

---

*Communications* are received from Drs. McMeens, Woodworth, Dorsey, Morrison, Chase, and Union (Ind.) Medical Society, which will receive early attention. We have a large amount of valuable matter on hand, and we repeat our request to contributors to exercise great patience.

---

*Sickness and Death* in the family of one of the editors of this journal sufficiently explains the unusual delay in its publication this month.

---

— Assistant Surgeon Glover Perin has been ordered to West Point.

— Dr. Ambrose Tardieu has been appointed Consulting Physician to the Emperor of the French, in place of Dr. Fleury.

— Some months since we mentioned the fact that Dr. Baker, of this city, had permitted reports of his operations to be made in the daily newspapers. He assures us we were mistaken, and that the report



alluded to was made without his knowledge. He says he supports the code of ethics, and is opposed to publishing reports of his cases in the papers. We are very glad to be corrected.

— A medical board, composed of Surgeons Finley, McDougal and Doan, will meet in New York, May 1st, to examine candidates for appointment in the medical staff of the army. Applicants must be between twenty-one and twenty-five years of age. There are now three vacancies in the medical staff.

— In consequence of the resignation of Ricord, the death of Despres, and the retirement of M. Guersant, the surgical services of the Parisian hospitals have undergone quite a change. M. Giralès, surgeon to the Enfants Assistés, has been ordered to the hospital of sick children in place of Guersant. M. Follin, of the Central Bureau, has been ordered to Salt-pêtrière; M. Depaul, to the Enfants Assistés; M. Broca, to Bicêtre. Every American who has attended the Clinique of Guersant, will regret his retirement. His lectures were always instructive and interesting.

— The reception of Father Lacordaire into the Academy of Sciences, Paris, at a meeting in January, drew a great crowd. The chamber of the Academy was crowded by the elite, all the distinguished savans, members of the imperial family, including the Empress, Princess Mathilde, and many distinguished foreigners. He is the first monk ever elected a member of the distinguished body. In the words of a correspondent, "It was a strange sight to see the tribune of that hall, sacred to literature and science, occupied by a man clothed in a white woolen frock, with sandals on his feet, the top of his head shaved, and a rope suspended from his girdle, in token of his mission of humanity in saving the lives of his fellow-creatures. It was still more curious to see that man, thus clothed in the simple habiliments of the monk of Mount St. Bernard, and in the presence of a learned assembly, composed mostly of the elite of the Legitimist party, stand up and boldly eulogize the democracy and the institutions of America, to the derogation of the democracy and the institutions of France, and of Europe." The subject of Father Lacordaire's speech was the life and character of De Tocqueville. He was elected to fill the vacancy of the latter, who, as our readers are well aware, died a short time since.

We hope the day is not far distant when we shall have either a national Academy of Sciences, or one in each State, which shall compare favorably with that of Paris, embracing the learned of all professions, working together for the good of humanity.

## Special Contributions.

---

### The Animal Parasites of the Human Body.

AN ANNUAL REPORT BY C. A. HARTMANN, M.D., CLEVELAND, OHIO.

---

As an introductory remark, the statement may be sufficient, that in the present report all articles published in this country and touching the subject have been noticed, as far as they were accessible to the writer. Some of the southern, and both the California, medical journals are received irregularly, and for that reason some information contained in them has possibly escaped notice.

Without following a strictly scientific classification, it is thought most convenient to treat the different parasitic animals under the two general heads of entozoa and epizoa.

#### I. ENTOZOA.

1. *Ascarides*.—A correspondent of the *Southern Medical and Surgical Journal*, starting from the fact that "there are a very great number of individuals who are tormented by these animals," thinks two facts in the history of these parasites must be ascertained; and these two facts he finds nowhere satisfactorily told. They therefore should be the special objects of study with those who desire to investigate this subject. The first is: What is the actual seat of the ascarides; how high up in the intestines do they live and breed? Can we always reach them with our injections? Are the ova deposited high up, and the animals developed as they pass down, making their presence known only in the rectum? or do they live and breed, and are developed only in the rectum? In the one case, remedies applied *per anum* can only give temporary relief by removing those of the animals which are present in the rectum; but if they do live and breed nowhere else, we have to investigate why it is that remedies are in so many cases inefficacious for the cure. A remedy is also to be shown which, while it is destructive to the ascarides, is at the same time harmless as regards the intestinal walls. Does the thick mucus which is so readily thrown out by the irritated mucous membrane of the rectum form a cover or *nidus* for the ova, protecting them against the destructive influence of injections? Or, again, may not the ova of the animals (if their actual and only habitat be the rectum) be deposited beneath those large folds of mucous membrane which encircle the lower portion of it in particular, and so in great part escape altogether the action of injections, unless when large quantities are thrown into the gut, so as to distend it completely? Every day we see accounts of a certain cure for ascarides; but the fact that numbers of individuals have been all their lives the subjects of these worms, and can not get rid of them, proves that the right cure is yet to be found.—*Cinc. Med. and Surg. News*, June 15th, 1860.

The first of the questions here proposed has not yet been attended to; in reply to the other, we can only point to a few remedies recommended by European authors, but mentioned in our journals. In the February number, 1860, of the *Lancet and Observer*, there is a notice of Dr. Compénat's method, consisting in a simple injection of water, with from five to twenty drops of sulphuric ether. This certainly does produce the desired effect, at the same time rather benefitting the intestine than injuring it.

According to the *Bulletin de Thérap.*, tome 56, Dr. Hervieux found castor-oil to be the best purgative: it always evacuates the worms, giving the patient a truce of some months. When the oil can not be taken, the daily injection of cold water is the next best palliative. For a radical cure, Hervieux admits to know of no agent. Mercurial ointment, passed in upon the finger, is said to be of no durable efficacy. (In contradiction to this assertion, Dr. Bourgeois has stated, in the *L'Union Médic.*, 70, 1859, that the gray ointment had never failed in his hands during a period of twenty-five years.) Injections of olive-oil, of sulphuret of potassium, of lime-water, or of corrosive sublimate, have, in the experience of Hervieux, never led to a definite cure; and he thinks in some cases time is the sole agent capable of completely destroying these helminthæ.—*North Amer. Med.-Chir. Rev.*, May, 1860.

Dr. R. Wilbr. Falconer, during the past eleven years, has been in the habit of using diluted phosphoric acid, with infusion of quassia, in cases of ascarides, at the Bath United Hospital, and in private practice; and he says he has as yet no reason to mistrust its efficacy. *Amer. Druggists' Circ.*, Feb., 1860.

The following formula is furnished by Dr. Wm. Scofield, of Stamford, Conn.: Oil of turpentine and oil of pumpkin-seed, of each half an ounce; rub them together with the yolk of an egg, and suspend the whole in one pint of water. To be used as an enema.—*The Journ. of Mat. Med.*, July, 1860.

2. *Lumbrici*.—Against them, Dr. Wm. Scofield, just mentioned, recommends (l. c.) a cathartic pill, followed by half a drachm of the fluid extract of spigelia, one drachm of the fluid extract of senna, and one drachm of sulphuric ether. To be repeated, if necessary. If there be much nervous disorder, in children, give the fluid extract of valerian, in proper doses; if digestion is feeble, the chalybeate preparations.

3. *Tænia*.—Two cases are on record, in both of which podophyllin formed one of the remedies employed; in the one, however, that agent was exhibited only as ingredient of a cathartic pill, the oil of turpentine coming in as vermifuge proper; and in the other case so many different things were thrown into the patient's bowels that it is impossible to say which of them expelled the worm. Neither of these cases, therefore, proves anything in reference to the vermifuge powers of podophyllin.

Dr. D. N. Ferguson, of Carthage, N. Y., was called to treat a Miss F., 29 years of age, who had long suffered from tape-worm, and



had frequently passed pieces of it ; amongst them one seven feet long. The first day he sparingly administered some meal gruel, giving the next morning the following cathartic : Pulv. jalapæ, ext. colocynth, of each six grains ; podophyllin, four grains. Make into nine pills,—three to be given every four hours. A little meal-gruel in the evening. At 9 o'clock A. M. of the third day the patient took one fluid ounce of the oil of turpentine, followed, three hours later, by one and a half fluid ounces of castor-oil. At 4 o'clock P. M. twenty-five feet of *tænia lata* were expelled.—*Philad. Med. and Surg. Journ.*

The other patient is described by Dr. E. C. DePay, of Freeport, Ill., as “a pale, delicate woman, with a dark, leaden appearance of the contour of the eyes ; aged 29 years ; the mother of two children, the youngest five years old.” She was suffering from convulsions, supposed to be of an epileptic character, and to be caused by some decayed teeth. The latter having been extracted, the woman was put upon vegetable bitters and iron. Her health improved somewhat, but at times she felt very nervous ; and a peculiar sensation about the jaws, running from them down to the neck, did not abate. Five months afterwards she had again convulsions, which were relieved by tincture of gelseminum, fluid extract of scutellaria, and chloric ether, in equal parts, teaspoon-doses, and chloric ether in inhalations ; also, friction along the spinal column, with some caustic liniment. A careful examination failed to reveal the cause of these spasmodic attacks. The bowels moved regularly, the urine appeared healthy, the function of the womb normal. Prescription : Hydrocyanate of iron, extract of hyoseyamus, of each one drachm,—to be made with mucilage q. s. into one hundred and twenty pills, one of which should be taken three times a day, or more if required. Against the nervousness : Fluid extract of scutellaria, two ounces ; fluid extract of prunus virginianus, simple syrup, of each one ounce. A teaspoonful to be taken as occasion requires.

Upon this some improvement is recorded, but the patient now complained of a constant spitting of offensive mucus, insensibly rising up in her throat. That symptom led to a suspicion that worms might be present. To operate mildly on the bowels, and partly as a vermifuge, from three to five grains of the following compound were ordered every four hours : Podophyllin and powdered Jamaica ginger, of each one drachm ; sugar of milk, one ounce. Also, to take two grains of quinine three times a day, for its tonic effect on the nervous system. The powders produced very offensive stools, of the consistence of tar, mixed with hardened masses, and containing, also, numerous pieces of tape-worm, from a single joint to half a yard in length. Thereupon the same medication was continued, with a light diet : a little panada and wine. After three or four days, a decoction of pomegranate-root bark (two ounces boiled with two pints of water down to one pint) was ordered, a wineglassful every hour or half hour, as the stomach would bear, until all was taken ; to be followed, if the bowels were not much moved, or the worm not passed, by a dose of castor-oil and turpentine.

The patient commenced taking the decoction about noon. At 11 o'clock at night her bowels moved, and the worm, a specimen of *tænia solium*, passed away, with "fully as many heads as tails." The woman felt very faint, but otherwise comfortable; had no pain. Instead of the oil and turpentine, a little wine and water was ordered, and rest until morning. At that time the bowels moved again, and continued to do so every day, without purgative medicines. No more joints of the worm could be found in the stools. The patient lost the drawing of her jaws, and recovered completely, with the exception of some nervousness, for which pills of the hydrocyanate of iron and Tilden's aromatic Calisaya wine were given.—*Chic. Med. Journ.*, April, 1860.

An instance where one thousand feet of tape-worm were expelled by the mucilage of pumpkin-seed, has been mentioned in the *Lancet and Observer*, February, 1860. Several other cases have since been published, corroborating the well-established efficacy of that simple and cheap remedy against *tænia*. The accidental discovery of Dr. Passot, that ipecac emetic in large doses proves, in certain cases, a successful poison to the worm, is recorded in the June number of the same journal.

Among some "cases in medical and surgical practice," reported by Dr. A. Lopez, of Mobile, Ala., there is one of tape-worm, the presence of which had been first discovered by the patient, an English seaman, on the coast of Africa, twenty months previous to his entering the U. S. Marine Hospital. Treatment: First day, thin soup diet; second day, Seidlitz powder at bed-time. Early in the third day an infusion of koussou, half an ounce in twelve ounces of water, was given at a draught, followed in one hour by a cup of warm tea, and in four hours by a Seidlitz powder. At 2 p. m. he passed eighteen feet, unbroken, of the worm. A repetition of the remedy was intended; but the patient left without permission before the next visit.—*North Amer. Med.-Chir. Review*, March, 1860.

Dr. G. B. Curtis, of Hawley, Pa., treated three cases in one family. The mother took a teaspoonful of the oil of turpentine three times daily, in a little compound spirit of lavender, interposed every third day with a dose of castor-oil. The second and third repetition of the cathartic resulted in the voiding of many shreds and joints of *tænia solium*. Urinary irritation supervening, the treatment was stopped, and mucilaginous drinks, with cold infusions of bitter barks, given for some time. All the bad symptoms and feelings disappeared, and the patient enjoyed good health afterwards. But the oil of turpentine had no effect in two children of the same woman, a daughter aged two, and a boy aged four years. They were relieved by koussou, the girl taking one drachm of the same, with three grains of powdered jalap in one and a half fluid ounces of sweetened water, a teaspoonful every ten minutes, her brother double that dose, in the same manner. Each child passed a worm in from three to four hours, measuring twenty-five and forty-five feet in length respectively. Both worms were broken into several pieces; no head was found in either case, but the

children remained ever since free from any of their former symptoms.—*The Journ. of Mat. Med.*, August, 1860.

In five cases, Dr. Darraek, of Quincy, Ill., effected the expulsion of tape-worms by the administration of aromatic sulphuric acid. In one instance, a fluid ounce of the acid in a pint and a half of water was directed to be taken by the patient at his convenience. In other cases, three drachms of the acid were given in twenty-four hours.—*Amer. Journ. of Med. Sciences*.

In regard to the *kamela*, or *kamala*, a red powder obtained from the fruit of *rotifera tinctoria*, in India, and recently introduced as a remedy for tape-worm by Drs. Anderson and Mackinnon, in England, some more facts are collected in the *London Chemist and Druggist*. The plant grows abundantly on the hilly districts of India, Burmah, the Philippine islands, and the north-east portions of Australia. It has been known to the Hindoos from the remotest antiquity; and they employ the powder, carefully brushed off from the ripe fruit, against tape-worms and skin diseases. It contains a resinous coloring matter, albuminous substance, cellulose, carbon, water, and some traces of volatile oil and volatile coloring matter. Dr. Anderson separated from it granular, scaly crystals of a yellowish color and satiny lustre, to which he has given the name of *rotterine*. Kamela is considered by Dr. Mackinnon to be a remedy against tape-worm of much greater value than either kousso or turpentine. Dr. Anderson expelled with it the worm in ninety-three out of ninety-five cases. It has also been employed with great success against tape-worm, as well as ascarides, by Dr. A. Leared, of the Great Northern Hospital, and by Dr. W. Moore, of Dublin. The *Lancet* of May 15th, 1858, records six cases of tape-worm cured with the same remedy by Dr. Ramskill, of the Royal Free Hospital. In some instances sickness, headache, and purging are produced by it, but generally its administration is attended by no unpleasant result. The remedy may be given in the form of powder or tincture. Dose of the powder, from one to three drachms early in the morning, fasting. As alcohol extracts the medicinal constituents most perfectly, the tincture made with rectified spirit (half a pound of the powder being macerated in a pint of the same for fourteen days,) is very suitable for administration. It can be taken in doses of one or two drachms, night and morning, on a lump of sugar.—*Amer. Journ. of Pharm.*, July, 1860.

In making some "remarks on the entozoa," Prof. F. W. B. Hemming, of Oglethorpe College, (*Oglethorpe Med. and Surg. Journ.*, March, 1860,) complains, and in part justly, that the treatment of worms in general has not received the attention it requires. "Beyond the miserable vermifuges compounded for the torture of tortured innocents, nothing has been done!" Some proof to the contrary is furnished in the preceding quotations. "Not even a diet of worms has uttered a syllable of practical importance. Our grandmothers are still the highest authorities on these matters. Our profession has become so dignified it looks with equal disdain on the vermin and their ravages." From the picture now given, it looks as if the physicians



of Georgia did indeed not know of any other advice in cases of worms than "get a little vermifuge, and follow it with a good cathartic;" which assertion is too discreditable to the profession down there to be believed, in the general application it is given. That there are physicians all over the country, however, who do "look with disdain on the vermin and their ravages," and prefer to order some vermifuge nostrum rather than take some pains and treat the case rationally, must be admitted; and they not only deserve rebuke and exposure, but may also profit from the recommendations given by Prof. Hemmings. He goes on to say:

"1. Destroy the ova in the excrements. Never allow these matters to reach our rivers to sweeten our fish and to return down our throats. Excrements should be collected in a proper tank, treated with sulphuric acid, and mixed with gypsum, charcoal dust, burnt turf, or even common earth.

"2. If you want not tape-worm and seven other varieties of entozoa, eat no pork.

"3. Filter your water. If all the water used by a family was properly filtered, although taken from a swamp swarming with entozoa, none of them would ever enter the human intestine. Drink filtered water. Keep your wells and springs from being inundated by rain-water that has washed all the surrounding filth into them. Keep them well walled within, and the water running from them, and allow none to enter into them but that which naturally supplies them. Filter the water; boiling will not do. You may boil, bake, roast, or stew the ova of the entozoa, and you do not kill them.

"4. What shall be done for the extinction or diminution of the entozoa? Do anything that is sensible. The best vermifuge is a good syringe that will wash out the colon. Injections, or, I should rather say, washings of the colon, are all that is necessary. Use salt, or aloes, or soap in the water, if you like, but wash the entire colon gently but thoroughly out. Then keep them out. You have been told how.

"The above will not apply to the tape-worm. If you have one, then turpentine must be your portion. If you want another, eat pork.

"One fact relating to the *acaris vermicularis*, or pin-worm, deserves to be mentioned. They always abound in the persons they plague, when these persons are in an anæmic condition. As the health fails and the body weakens, these troublesome pests swarm within, and, after the operation of a cathartic, will be voided in countless quantities. As the constitution recovers its tone, and health returns, they diminish in number, and sometimes altogether disappear,—until weakness returns, when back they come—pitiless, tormenting, and innumerable. We should never forget this in the treatment of anæmic children. It is no use to wait until tension of the abdomen, or loss of appetite, or occasional greediness, or bad breath, or that indescribably peculiar look about the eyes, lead us to suspect the presence of entozoa. Then they have been there too long. We should have the colon of an anæmic child well washed, and the matter carefully ex-

amined. If no entozoa are found, we have done no harm. If they are there, we may defeat marasmus and convulsions, and postpone an untimely death."

4. *Trichina Spiralis*.—A number of careful investigations by Professors Fenker, Virchow, and Leuckart, in Germany, have resulted in revealing to a great extent the previously little known peculiarities of this small parasite. The *Boston Med. and Surg. Journ.*, October 4th, 1860, contains a synopsis of these important discoveries, and from that synopsis the substance of the following particulars is taken :

*Trichina spiralis*, discovered by Owen, but of late known only in a capsulated state, has been considered more as a zoological curiosity than as a subject of pathological interest. Passing by the numerous conjectures entertained in regard to this parasite, we find the first practical experiments instituted by Herbst. He fed animals with trichinatus muscles and thus infected them with the disease; but no light was thrown by these experiments upon the connection between the parasites introduced into the stomach and those found in the muscle. Virchow found last summer (1859) in the intestinal canal of an animal fed with trichinaeous muscles the villi crowded with psorospermia, and free in the intestinal mucus numerous thread-like trichinae of both sexes. In January, 1860, Prof. Zenker observed a case, which, with the experiments to which it gave impetus, not only settled the zoological part of the question, but disclosed the startling and alarming pathological fact that *Trichina spiralis*, hitherto considered to be an innocent parasite, is in reality the most terrible and dangerous of its kind. A robust maid-servant, twenty-four years of age, was admitted January 12, 1860, into the Dresden Hospital. She had been indisposed since Christmas and confined to bed since New Year, complaining of depression, lassitude, sleeplessness, loss of appetite, heat and thirst. Besides these symptoms she suffered, after her admission, considerably from pyrexia; the abdomen became painful and tympanitic. A remarkable affection of the whole muscular system rapidly supervened, consisting of extreme painfulness of the extremities, with contractions of the knee and elbow-joints and œdematous swelling, particularly of the legs. The pain was so severe that the patient was constantly moaning. Pneumonic symptoms appeared in addition to those already developed, and death took place January 27th, preceded for twenty-four hours by an apathetic condition. Post-mortem appearances: in the internal organs merely an atelectatic condition of the left lung, with numerous small lobular infiltrations, bronchitis, and hyperæmia of the mucous lining of the ileum. Muscles grayish-red and of a freckled appearance; under the microscope they were found to harbor vast numbers of non-capsulated trichinae, some of them being coiled in spirals, others extended; all lived within the sarcolemma of the primitive fibrils. They showed various stages of development, and were diffused over all the striated muscles of the body, with the exception of the heart. The muscular substance was fragile, homogeneous, non-striated, but had numerous transverse fissures. The intestinal mucus was found to be swarming with mature trichinae

of both sexes, and the fact was elucidated that the females were viviparous, the central portion of the bodies being observed to be full of well-developed embryos.

It was ascertained that four days before the patient commenced to complain, two pigs and an ox had been slaughtered by her master. She had probably partaken of some of the raw meat. Some smoked ham and sausage, prepared from the meat of one of the pigs, although to the naked eye appearing perfectly good, proved on examination to be full of trichinæ. They had a shrunken appearance, resumed their normal form on the addition of water, but showed no signs of vitality. The butcher had also been taken seriously ill a short time afterwards, and was confined to his bed for three weeks with severe muscular pains, his body being semi-paralytic, etc. Probably this was likewise caused by an immigration of trichinæ, though not sufficiently extensive to prove fatal.

With the pieces of human muscle forwarded to him by Zenker, Prof. Virchow immediately commenced a series of feeding experiments, the results of which are published in *Virchow's Archiv* and *Med. Times and Gaz.* Rabbits fed with trichinæ die in about a month under symptoms of general muscular paralysis. The parasites, as long as they reside in the muscle, have no perfect sexual organs, but become perfectly developed in the ileum. They are found free in the duodenum about six hours after a piece of trichinatus muscle has been introduced into the stomach. In about a month they attain a length of four lines, and during that period not only mature eggs, and sperm-cells, but numerous embryos are developed, which leave the maternal body through the anterior sexual orifice, are found in the mesenteric glands, and rapidly invade the whole muscular system, feeding upon the contractile substance of the muscular fibres. In case the immigration is not sufficiently extensive to cause a fatal result, the trichinæ become enclosed in the thickening sarcolemma—the only condition in which they were formerly known. They retain their vitality and quietly wait for an opportunity to find their way back into the intestinal canal, where the two sexes attain the age of puberty and a wonderful productiveness.

Prof. Leuckart has reported the results of his investigations to the Academy of Sciences at Göttingen (*Annals and Magaz. of Nat. Hist., from Göttinger Nachrichten*). They are as follows:

*Trichina spiralis* is the young state of a hitherto unknown small emitode worm, inhabiting, always in large numbers, the intestinal canal of numerous warm-blooded animals (besides man, dogs, cats, pigs, sheep, rabbits, mice, the common fowl). The intestinal trichina attains its full sexual maturity as early as two days after its immigration. The eggs of the female are developed in the vagina into minute embryos, which are extruded without egg-shells, from the sixth day onward, and immediately set about their migration. They penetrate the wall of the intestine and pass through the cavity of the abdomen directly into the muscular envelope of their host. Their course is indicated by the intermuscular masses of cellular tissue. Most of them remain in the abdominal and thoracic muscles. Penetrating



into the interior of the muscular fascicles, they attain, within fourteen days, the size and organization of the well-known *trichina spiralis*. The infected fascicle loses its structure immediately after the penetration, the fibrils are broken up into a fine granular substance, and the muscular corpuscles acquire the form of oval nucleated cells. Up to the full development of the *trichina spiralis* the fascicle retains its tubular form; subsequently the sarcolemma thickens and it becomes gradually shriveled from the extremities. The spot occupied by the parasite persists, in the form of a spindle-shaped enlargement, in which the lemon-shaped or globular calcareous shell is after a long time deposited. The migration and development of the embryo takes place also after the transference of pregnant trichinae into the intestine of another suitable host. The immigration of the brood of trichina in large quantities causes peritonitis, lameness, enteritis, and often death.

5. *Hydatids*. The few accounts of hydatids published during the year previous to November 1, 1860, all refer to affection of the liver. Besides the two cases mentioned by Prof. Comegys, before the "Cincinnati Academy of Medicine," last April, (*Lancet and Observer*, May,) there are only two others presenting any peculiar feature.

The history of one was related to the "Boston Society for Medical Improvement," October 10th, 1859, by Dr. Minot, who also exhibited some of the parasites. A lady, aged 35, married, had always some catamenial irregularities, was never pregnant. For several years past she had pain and uneasiness in the right hypochondrium, the pain shooting to the back and up into the right shoulder. In the spring of 1856 an obscure tumor was discovered in the same hypochondrium, deeply seated beneath the integument; this tumor rapidly increased in April, 1857, compressing the lung so that no respiratory murmur could be heard, except in the upper part of the right chest, and, of course, embarrassing the respiration. It was excessively painful and tender. One night the patient had several enormous evacuations from the bowels, the discharges being clear, colorless, fluid, and excessively foetid. The tumor at once almost wholly disappeared. She was extremely prostrated and had much fever, from which she slowly recovered. About June 1st, 1857, she began to cough and to expectorate frothy mucus. About September 1st she began to cough up hydatids of various sizes. This occurred about twice a week, two or three being detached each time, with a sensation as if they were detached from the lower part of the right lung. The tumor diminished, and in October, 1857, could no longer be felt. Her health steadily improved, and in September, 1859, she was quite well. She had not coughed up any hydatids for three months.—*Boston Med. and Surg. Journ.*

The other case had been originally reported in the *London Lancet*, from which it was copied by the *Ohio Med. and Surg. Journ.*, May, 1860. The patient was admitted to Guy's Hospital with symptoms of hepatic disease and local peritonitis; he had jaundice a month previously. He survived but a short time. The obduction revealed a large hydatid cyst at the upper part of the liver, which had burst into the hepatic duct, its contents passing thence to the common bile duct and into the duodenum.

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

## PRACTICAL MEDICINE.

1. *Phosphorus in Paralysis of the Muscles of the Eye*.—Dr. Tavignot employs the following liniment: Walnut-oil, twenty-five drachms; naphtha, thirteen drachms; phosphorus, three grains. With this frictions are performed in the evening by means of a piece of flannel; this remaining also fastened around the forehead all night. At the same time an emulsion is given internally, consisting of: Oil of almonds, two and a half drachms; phosphorus, one and a half grains; gum syrup, thirty-two and a half drachms; powdered gum, half a drachm. To be well shaken when administered, the dose being at first one, and then two or three teaspoonfuls a day.—*North Amer. Med.-Chir. Rev., from Bull. de Thér.*

2. *Quinine in Albuminuria*.—According to Dr. D. Anizon, of Nantes, (*Gaz. Hebdom.*, vi., F., 1859) it is not upon the blood that the impression is to be made in albuminuria, but it is necessary to make a modifying impression upon the inner surface of the tubuli uriniferi, they being the seat of the disease, which essentially consists in the separation of their epithelial tissue. Quinine is well calculated to limit this separation of the epithelium, and thereby that of albumen from the blood. Three cases of albuminuria, occurring in children after scarlatina, in which the author successfully gave quin. sulph., grs. six to eight in two or four doses, with half-hourly intervals, followed for several days by four doses daily of four grains, illustrate, and, the author thinks, confirm the correctness of his views.—*Philad. Med. and Surg. Reporter*.

3. *Iodide of Potassium in Cerebral Diseases of Children*.—Dr. F. Coldstream, of Edinburgh, complains (*Edinb. Med. Journ.*, Dec., 1859) of the neglect the iodide of potassium has fallen into, as a remedy against hydrocephalus, in spite of the recommendations of Roeser and others some twenty years ago. He employs it whenever there is reason to believe that the central organs of the nervous system, or their envelopes, are in any degree affected with strumous inflammation (tubercular cerebritis, or meningitis), or its consequences. After moderate purgation, the iodide is given in doses of from half a grain to three grains, in some carminative water, every three or four hours, and continued for many days, according to the symptoms, or until convalescence is fully established. With this and the occasional use of blisters to the shaven scalp, the author believes he has produced more prompt and decided effect upon the disease than by any other treatment. Even where considerable prostration had already succeeded great febrile action, and the symptoms of effusion had become prominent, in not a few instances the free use of the iodide of potassium

has been followed by amendment and complete recovery. In such cases it should be given in larger doses, even to four grains several times a day, to children of from four to eight years of age. Although this remedy is more especially useful in scrofulous diathesis, yet it has been found of service in cases where no taint of that diathesis was present. It is not asserted, however, that this agent should supercede calomel in all cases of inflammation of the brain and its appendages. In robust and full-blooded children, in whom the disease of the nervous system may be connected with preceding disorder of the digestive organs, there is no doubt of the superior efficacy of the mercurial treatment, combined with antimonials and salines; but when, after due administration of these remedies, symptoms of cerebral disorder continue, the iodide should be employed. It certainly never produces any bad effect, though it may fail to do good.—*North Amer. Med.-Chir. Rev.*, May, 1860.

4. *Iodate of Potassium in Affections of the Mouth.*—Messrs. Demarquay have tried the iodate in numerous cases of diphtheritic and gangrenous stomatitis, and obtained considerable success, even in cases where the chlorate of potassium had failed. Dose from four to eight grains.—*Georgia Med. and Surg. Encycl.*, from *Mon. des Hôp.*

5. *Cholera Infantum Cured by Fowler's Solution.*—In the *St. Joseph's Journ. of Med. and Surg.*, Dr. P. A. Chambers reported the case of a child, two years old, laboring under cholera infantum, for which it had been treated ineffectually for a long time. This child took, by mistake, a teaspoonful of Fowler's solution, vomited soon after, seemed to suffer great pain in the bowels, and on the following day commenced to purge blood. It was not seen by a physician until two days afterward, and then mucilaginous drinks constituted the treatment. In a few days the child began to improve, and recovered from the effects of the poison and from the disease at the same time.—*Amer. Med. Monthly*, March, 1860.

6. *In Diarrhœa from Teething*, Prof. Eisenmann, of Wuerzburg, found the following formula very efficient: sulphate of copper, one-fourth of a grain, powdered opium, three-fourths of a grain, powdered sugar, q. s. Three times daily one such powder.—*Journ Mat. Med.*, June, 1860; from *Schmidt's Jahrb.*

7. *Saline Cathartics in Dysentery.*—In a clinical lecture in the Pennsylvania Hospital, (*Med. and Surg. Reporter*,) Dr. F. G. Smith recommended this treatment. His own practice was to dissolve one ounce of rochelle salt in a pint of cold water; of this a wineglassful is to be taken every hour until bilious evacuations are produced. Then ten grains of Dover's powder are given. This treatment is not new. In the spring of 1855, Dr. D. B. Dorsey, of Cincinnati, stated in a letter to Prof. G. Mendenhall (published in the *Western Lancet*, June, 1855,) that he had adopted it since twenty years, having learned it from Dr. Lemyne, of Washington, Pa. He prescribed seven fluid ounces of a saturated solution of sulphate of magnesia with one ounce of aromatic sulphuric acid. Medium dose for an adult: a table-



spoonful, diluted with two or three ounces of water, every four or six hours, until it gently moves the bowels. When the pain and tenesmus are great, one-sixth grain of sulphate of morphia may be added to each dose. To meet individual cases, the dose both of the mixture and of the morphia will require variation.—*Amer. Med. Monthly*.

A similar plan has been followed with great success by Dr. Ford, of Melbourne, Australia. He gives one drachm of the sulphate of magnesia and twenty minims diluted sulphuric acid every four hours; and at night, if the tenesmus is severe, four grains of blue pill with one grain of opium. Strictly farinaceous diet; no stimulants of any kind; recumbent posture, with, in severe cases, the thighs elevated with a pillow. A mustard poultice every twelve hours all over the abdomen. With this treatment the dejections become feculent invariably in the course of twenty-four or thirty-six hours the blood ceases, and the tenesmus subsides. Although the salts are continued, the bowels do not act sometimes for twenty-four hours.—*Ranking's Abstract*, Jan., 1860, from *Austral. Med. Journ.*, July, 1859.

8. *Croton-Oil in Hydrocephalus*.—Dr. J. Watson, of Southampton, relates (*Brit. Med. Journ.*, July, 1859) the case of a strumous-looking child, aged two years, who, on the cure of an eczematous eruption of the scalp, with copious discharge, had an attack of acute hydrocephalus. The symptoms soon became very severe, the child being semi-comatose, and the pulse slow and irregular. A croton-oil liniment (half a drachm of the oil with half an ounce of turpentine liniment,) was directed to be rubbed over the entire head every four hours, until a plentiful crop of pustules made their appearance. There was soon an amelioration of all the symptoms, and the patient became gradually convalescent, though he was unable to speak for several days, and could not stand alone for a considerable period. Since then, Dr. Watson has adopted the same course in all other cases presenting the same stage of the disease, and his experience bears testimony to its efficacy.—*Braithw. Retrospect*; *Louisville Med. Journ.*, April, 1860.

*Paracentesis Capitis* was performed in a case of hydrocephalus, by Dr. Marsh, of Port Hudson. The patient was nine months old,—the body and extremities extremely emaciated, but the head measured twenty-six inches in its longest diameter. At the first operation eleven ounces of fluid were drawn off, clear and pellucid at first, and of a slightly saline taste, like perspiration, but turbid at last. Sixteen days later the second operation was performed, evacuating sixty-four ounces, with a very strong smell of urine. Eleven days later sixteen ounces of fluid were withdrawn, and three days afterwards the patient died. At no time after an operation could the bones of the head be compressed so as not to have a cavity between them and the brain. As the water again accumulated, it could be distinctly heard surging from one side to the other, as the child was moved.—*Amer. Med. Monthly*, May, 1860, from *N. O. Med. News and Hosp. Gaz.*

9. *Chlorine and Small-Pox*.—In order to moderate the reflex action of the variolous exanthem on the economy, and prevent death from asphyxia, which sometimes happens in consequence of the develop-

ment of pustules in the larynx, Dr. Eisenmann, of Wuerzburg, recommends to apply over the whole surface, three or four times a day, a weak tepid chlorined water, in imitation of a practice successfully pursued by Dr. Schönlein in scarlatina. Employed at the period of eruption, the chlorine lotions favor the development of the same, and thus mitigate febrile action, prevent the pustules from becoming confluent or too abundant, preserve appetite and sleep, allow neither supuration nor the formation of thick scabs,—only thin pellicles being formed, which soon fall, without leaving any mark or cicatrix; no consecutive affections are observed. Applied after the eruption has taken place, the lotions diminish or disperse the inflammatory condition, and accelerate the course of the exanthem, prevent its repercussion and the propagation of the variolous affection to the mucous membranes and internal organs. Even when the mucous membranes are already affected, the lotions exert a derivative action; and if together with them gargarisms, chlorine inhalations, and chlorined water internally are had recourse to, the intensity of these complications is much diminished. Suppurations will be prevented, or, if already developed, at least moderated by the lotions.—*Bull. de Thér., Med. Times and Gaz.*

Dr. Wm. McDonald advocates the use of hydrochloric acid in both the external and internal treatment of small-pox. It allays, he says, the pricking pain, reduces the tumefaction, matures the vesicles, and hastens desquamation, leaving the skin smoother and purer than by any other plan. For internal use, one drachm of the commercial acid is dissolved in twelve ounces of water; dose, a teaspoonful in a glass of water, to be sipped often. Externally, the acid is applied to the face, hands, and feet, half a drachm in ten ounces of water, put on with a hair pencil, twice or thrice daily, occasionally alternated with mercurial liniment or cold cream.—*London Lancet.*

## SURGICAL.

10. *New treatment of Fractured Jaw-Bones.*—In a fracture of the superior maxilla passing from behind the right canine tooth above the fangs of the premolars, and thence horizontally backward, nearly to the posterior extremity of the bone, presenting a considerable depression around the second molar bone, which remained unmoved, Dr. Satter, the surgeon-dentist of Guy's Hospital, endeavored to force the displaced bone into its proper position, by fitting a gold plate in such a manner to the interior of the mouth that it acted "in every sense as a splint," holding the fractured bone in position. This application had the additional advantage that it could be so improved, by repeated alterations from time to time, as to force outward the inward projecting bone and teeth in proportion to the patient's ability to bear the pressure. This plan succeeded beyond expectation: six days after the occurrence of the injury, the plate was first put on; it had to be enlarged in four days,—and in a few more the maxillary arch was completely restored to its proper place.—*London Lancet.*

Prof. E. Andrews resorted to a similar expedient in a case where, besides a fracture of the skull and other injuries, the lower maxilla

was broken through on both sides, and the central portion, retracted by the action of the genio-hyoid muscles, could not be retained in its natural position by the ordinary dressings. A dentist was called to take an impression of the inside of the mouth in plaster of Paris, by means of which he moulded a silver plate fitting over the arch of the teeth. This being done, the lower jaw was strapped up against the upper, and made to retain its form perfectly. The patient, of course, was fed upon liquid food. A complete and rapid recovery followed.

—*Chic. Med. Exam.*

11. *Fracture of the Surgical Neck of the Scapula.*—The opinion has been advanced that such a fracture never occurs; but five cases have come under the observation of Prof. J. Harris, of Savannah Medical College, and according to him this fracture happens more frequently than is generally supposed. It is true that a solution of continuity of the bone in the anatomical neck of the scapula can not happen, at least not without fracture of the upper end of the humerus. The surgical neck, or point at which fractures occur, is the constricted portion of the bone in the rear of the coracoid process, and below the supra-scapular notch. The diagnosis is not very obscure. No great pain or swelling; acromion very prominent and elevated, a depression below it; deltoid and scapular regions flattened; the joint movable to a considerable extent, at will of the patient; the hand of the injured side can be placed on the opposite shoulder. No tumor in the axilla, but coracoid process and head of humerus were prominent. Crepitation may be felt by pressing the fingers upon the coracoid process, and the thumb upon the outer side, just posterior to the joint, while elevating and depressing the arm. The shoulder-joint can be easily made to resume its rotundity by forcing it upwards, outwards, and backwards, with the elbow bent. It flattens again, as soon as the force ceases. A bandage should be applied from hand to shoulder, leaving room so that the elbow can be bent. On reaching the shoulder, apply the spica all over the joint, fixing as well as possible the body of the scapula. Bend the elbow, push it upwards and backwards, and apply Mayo's handkerchief bandage as in the fracture of the clavicle. When reunion has taken place, a sling should be used for some time to prevent the use of the arm.—*Savannah Journ. of Med.*

---

#### CHILDREN AND NURSING.

12. The passage of medicines into the milk of the nursing, and into the foetus, is undergoing investigation at the hands of Drs. Schauenstein and Spaeth (*Froriep's Notizen*, ii., 17, 1859; *Philad. Med. and Surg. Reporter*; *Druggist*, i., 8). Their conclusions, so far, are: Rhubarb passes into the milk; sulphate of potassa has not been proved to do so; iodine passes into the milk, and also into the liquor amnii and the foetus; mercury probably does the same, but the proof is as yet not sufficient. Further investigations are promised.

13. Dr. Routh had read, some time ago, a paper before the Medical Society of London, on the *lactagogue effects of the leaves of the castor-*



*oil plant.* The leaves, applied to the breasts as poultices, and as fomentations to the vulva, for three days, at intervals, were used in Bonavista to induce milk in the breasts of women within catamenial ages, but more particularly in those who had borne children (*London Lancet*; *Kansas City Med. and Surg. Rev.*) The milk once produced could be perpetuated by the suction of the child. These facts, related by Dr. M'William, had been confirmed in part by Dr. Tyler Smith, and more fully by Dr. Routh. The latter gives the infusion with conger-eel soup. In unmarried women the extract produces intense pains in the breasts, which are relieved, in three or four days, by a copious leucorrhœa. The extract may be given in five-grain doses; besides this, a tincture and liquor have been prepared from the leaves, the dose of each of which is one drachm.

14. The *London Lancet* exposes the folly of many mothers persisting to nurse their offspring when the breasts cease to give milk. Extreme exhaustion, debility, with obstinate diarrhœa, weakness of sight, temporary amaurosis, and various other anomalous symptoms, are apt to follow.

15. A fistula of the breast was cured by Dr. Fano (*L'Union*, 14, 1859; *Schmidt's Jahrb.*, B. ciii., 7), by compression, after all other remedies had failed to limit the secretion of milk, or give otherwise relief. Adhesive plaster being applied cross-wise over the breast, covered by a bandage, and renewed as soon as it got loose, proved sufficient for the diminution of the turgid gland, and the lessening of the secretion, which was then easily suppressed by cathartics.

Prof. Will-Hauser mentions, in the *Oglethorpe Med. and Surg. Journ.*, the case of a negro woman who voids large quantities of milk with the urine during the whole of each lactiferous period, at the same time giving sufficient milk by the breast to keep the child in good condition. The admixture to the urine was analyzed chemically, and found to be real milk! (?)

16. Acting upon several reports lately promulgated in reference to the power of belladonna to *prevent and arrest the secretion of milk*, Dr. A. Hard employed it in several cases, and reported favorably in a paper read before the Aurora City Medical Association, Ill., October 3, 1859 (*Chic. Med. Journ.*, Nov., 1859). He applied a wash, containing one scruple of the extract of belladonna in a fluid ounce of water, immediately after delivery, to one breast of three women that had been suffering from mammary abscess. In one, no milk was secreted in the breast thus treated; in the other two, a little. The opposite breasts in all these cases performed their functions unimpaired. After a premature delivery at the sixth month, the little amount of milk secreted was soon absorbed under the use of the belladonna solution. In a case of abortion the belladonna was not applied until the breasts became distended and painful. The milk being drawn with a breast-pump, the belladonna soon removed all further trouble. In combination with warm fomentations, and the internal use of quinine and opium, it also proved sufficient to cure an open abscess in one breast,

of four weeks' standing, as well as the swelling and inflammation already existing in the other. In two of these cases the pupils of the eyes were a little dilated; besides this no constitutional effects of the belladonna appeared.

Ranque was, according to *Braithwaite's Retrospect*, the first to propose belladonna for this purpose. His formula contained two scruples of the extract of belladonna, two ounces of laurel water, and one ounce of sulphuric ether. Shaking the mixture well, he had it rubbed into the breasts as high as the axillæ, morning and evening, and the breasts covered with a fine flannel soaked in the liniment. The smell of the ether is very disagreeable to some, but is thought to increase the efficacy of the remedy. Dr. Schaur substituted alcohol for it in a case where the ether produced headache. He found Ranque's liniment very useful in several cases of mammary abscess, but thinks it of particular benefit to delicate women who are subject to hysteria or fainting, or whose constitutions have been impaired by previous illness, hæmorrhage after delivery, or by too frequent child-bearing. Others, however, have resorted to belladonna as an anti-lactescent in all cases where a suppression of the secretion is advisable, either with a healthy condition of the breast, or on account of flat nipples, injuries from former abscesses, deficient secretion, or inflammation and threatening abscess. The extract may be softened with nearly an equal part of glycerine, and applied in a ring round the areola. It will rarely be required for more than twenty-four hours.

The College of Physicians and Surgeons, of Louisville, has (*Semi-Monthly Medical News*) discussed, for some time past, the question—Will belladonna arrest the secretion of milk? The report says the profession of Louisville is about equally divided upon the subject: the members had nearly all used the belladonna to arrest the secretion of milk and prevent mammary abscess,—some with decided benefit, and others with no perceptible influence. There may be two reasons for this opposite result, as Dr. O. C. Gibbs justly remarks in the *Amer. Med. Monthly*: belladonna, as found in the shops, is not always reliable, being occasionally nearly or quite inert; and, besides this, it seems to be often employed at an improper time. When pus is already formed, the remedy can, of course, not be expected to accomplish a perfect restoration. Were it applied early enough, it will certainly suppress the secretion of milk and prevent the formation of an abscess. With this Dr. G. E. Galen agrees (*Med. and Surg. Reporter*, Jan., 1860), having never met with a failure in a number of cases. Dr. McCaw, of Richmond, Va., furnishes (*Md. and Va. Med. Journ.*; *Nashville Journ. of Med. and Surg.*) further evidence in regard to the efficacy of belladonna for the purpose described. A mulatto woman, suffering severely from secretion of milk "on an enormous scale," received permanent relief from the internal exhibition of the extract, in one-sixth grain doses thrice a day, and the external application of the extract with lard, in equal quantities. The same treatment, only with poultices of belladonna-leaves in the place of the ointment, prevented the secretion of milk in a robust negro woman, having been delivered of a dead child. In a third case the woman

had been twice already suffering from extensive abscesses of the breast, owing to the great quantity of milk secreted. Immediately after her third delivery the "spongio-piline" was applied, filled with a strong infusion of belladonna-leaves; and by this "artificial poultice," without any internal medication, the secretion was moderated, and all suffering from that source completely averted.

17. The application of compressed sponge to the breast has been recommended by Dr. Stewart, of Peekskill, (*N. Y. Journ. of Med.*, Nov., 1859,) for the purpose of preventing the secretion of milk after confinement. He gives a case in which the application arrested the secretion in the left breast, while in the other it went on as usual. The sponge was applied the day after confinement, and continued about two weeks.

The editor of the *Florilégio Medico di Roma* (*Zeitschr. f. Wand-aerzto*, xii., 1859; *N. Y. Med.-Chir. Rev.*, Jan., 1860) used an infusion of the leaves of *drhamnus alaternus* to stop the secretion of milk.

---

## Obitua! Record.

---

DR. BALY, Chief Physician to the Queen of England, was killed, recently, by a railroad accident.

DR. FRANCIS BROUSSAIS, last remaining son of the celebrated Broussais, died on the 8th of December last, of endocarditis.

DIED, at Munich, JANUARY 22nd, Dr. FREDERICK TIEDEMAN, the eminent anatomist, physiologist, and man of general science, aged 80 years.

DIED, in Cincinnati, on Saturday evening, March 23d, of tubercular meningitis, JENNIE CORNELIA, second daughter of Dr. Edward B. Stevens, one of the editors of this journal, aged 9 years.

SIR HENRY MARSH died suddenly of apoplexy, in Dublin, Ireland, the 1st December, 1860, in the 70th year of his age. He occupied one of the highest positions among the medical practitioners of Dublin. He contributed largely to our science.

M. ARAX, Physician to Hôtel-Dieu, Paris, and an agrégé of the Faculty, died in Paris, during February, of cerebral rheumatism, aged 44 years. He was an accomplished physician, a fine clinical lecturer, and had contributed valuable works on several subjects. His book on Diseases of the Uterus ran through two editions in a very short time.

DR. EDWARD RIGBY died in London, December 27th, in the 56th year of his age. He was a clear and strong writer on obstetrics and the diseases of women. He was Lecturer on Midwifery at St. Thomas' Hospital, and the author of a work on midwifery. At the time of his death he was President of the Obstetrical Society of London.

DR. JOHN W. FRANCIS.—This distinguished gentleman expired in New York city on the 8th of February. His loss is mourned, not only by his profession, but by the poor, the rich, the learned and accomplished of all classes. He was a gentleman of the old school in manners and learning. He was surrounded by a coterie in New York composed of the most distinguished and cultivated of all classes. He held many distinguished positions in his day, and has left behind him valuable contributions to medical science, as well as to general literature.



THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

MAY, 1861.

No. 5.

---

Original Communications.

ARTICLE I.

Valedictory Address.

Delivered before the Hendricks County Medical Society, at Mooresville, Morgan County, Ind.  
June 12th, 1860.

BY W. LOCKHART, M.D., DANVILLE, IND.

GENTLEMEN:—There are two opposite conditions of the system: dynamic and adynamic, sthenic and asthenic. To reduce the one by phlebotomy, or otherwise, is easy. It requires little knowledge of the composition of the blood, and as little of the general structure. *Sufficient* reduction, however, and not too much, is not so easy; *that* requires more skill. But to analyze the blood; to determine its want of this or that element; to fathom the recesses of the nervous system; to give to each fibre and filament its share in the production of disease or the restoration to health; to properly estimate all the laws and forces governing man's wonderfully and fearfully wrought fabric; to be able to touch its secret springs; to restore the wasted tenement; to call it back to health and vigor,—is like a work of re-creation.

One of the great wants of medical men—particularly in our own State—is that of learning how to *build up* as well as they have learned to *tear down*. Too many practitioners only have confidence, judging from their treatment, in the antiphlogistic regimen. How it happens I know not. It may be from mistaken pathology—from a belief in lurking inflammations where they do not exist, or it may be that the practitioner has got a *habit* of using that class of remedial agents as he ought, in perhaps the majority of cases he is called upon to treat and seeing their good effects in *that* class of cases, he concludes they

are *the* remedies for all diseases ; or it may be that it is from the ignorance of the people who demand that something shall be done at once—something visible and tangible to themselves. How this may be I know not ; but that a considerable number of medical men use heroic remedies, almost to the exclusion of all others, I *do* know. They seem to have no adequate conception of that slow, recuperative process that tells like the constant dropping that wears away the stones. With that school of practitioners, bleeding, cupping, leeching, blistering, emetics, cathartics, arterial sedatives, are *sine qua nons*. Gentlemen too often forget that these are agents of great power ; with them you can make a giant as helpless as a new-born babe. In feeble constitutions, as we have more or less in this and all malarious countries, the red corpuscles are often greatly impoverished ; and, of course, the digestive and assimilative organs are more or less impaired—impaired for the reason that they are jaded, worn, and overtaxed, in their efforts to renew the supply of blood, so urgently demanded by all the tissues. Some physicians seem never to have conceived the fact that the blood is the means of sustaining the tissues ; that food is necessary to its production, and that digestion is necessary to its appropriation in the assimilative process. Neither do they seem to have calculated how much mischief *a single dose* of hydrarg. subchloridum may do in lessening the digestive capacity, and in lowering the general tone of the system.

When the supply of blood is short—when the patient can scarce make enough on which to sustain life, and nothing for the restoration of the system,—will you reduce him still more ? Some practitioners justify reducing treatment in such cases, because they find an irritable stomach, or pain within the right hypochondrium. Poor fellow ! if his stomach was not irritable, or he suffered not pain somewhere within the over-worked blood-making organs, it would be strange, indeed. To reduce such a case is the *reductio ad absurdum*. Tonics, alterants,—stimulants, even, will cure such a case quicker than such treatment. “ Oh, yes,” some reductionist will say, “ I like to remove all the irritation before commencing such treatment.” Yes, sir, but to remove all the irritation would be to remove the life principle itself. Some physicians have a holy horror of stimulants. Why, light is a stimulant, atmospheric air is a stimulant, and so are bread and water stimulants. Give the blood plenty of its appropriate pabulum, pour into it its own constituents, and the skin, the kidneys, and the glandular structures, those great eliminators, will carry out the *materies morbi*.

Of two conditions of system, the one below, and the other above, the healthy standard, I should very much prefer the former, for the reason that it is so much easier to destroy than it is to build up: it is much easier to unmake than to make, particularly in our humid and changeable climate, so well adapted to the production of malaria and malarious diseases. Heat and moisture, and probably vegetable decomposition, are necessary to the production of malaria. All of these conditions we have. Occupying a low position, being but a few hundred feet above the level of the sea, situated in the midst of a continent within the miscalled temperate zone, we have the *heat*. Our proximity to the great chain of lakes, the greatest collections of fresh water on the globe, gives us from forty-six to seventy inches as the mean annual rain-fall; and the level, clayey, timbered character of the earth's surface is well adapted to its retention. Then we have the *moisture*; and these two conditions, heat and moisture, with our rich soil, produce the vegetation ready for *decay*. Add to this the *changeableness* of our climate. Now you are plunged into a hot-air bath, temperature 85° to 90° Fahr. Each superficial blood-vessel is distended with blood, and the sweat stands out in beaded drops at every pore. Now it is changed to a cold-air bath, filled with a moist exhalation from Lake Michigan, driven before a northern breeze. Then the blood recedes from the surface, producing internal congestions. Erasmus Wilson's twenty-eight miles of skin tube is closed up, and the thirty-five ounces of material that the physiologists tell us are eliminated thereby every twenty-four hours, are thrown back upon the internal organs. Then follow irritations of the bronchia, and of the air passages generally. The kidneys, with their long tract of uriniferous tubules, must perform an excess of labor. The fountains of the great deep of the skin are turned loose upon them; then comes congestion, if not irritation, with pain in the loins; and the spleen, that refuge of the blood in times of danger, is engorged, and so of all the internal organs.

What man of ordinary sense does not know that such a climate, constantly alternating between hot and cold, wet and dry, will be productive of disease? As a result, our people have not the same glow of health as the people of higher and dryer regions—as in Pennsylvania or Virginia. Even the people of Kentucky and Missouri look better than our people, being further removed from the moist exhalations from the great chain of lakes, and breathing 'a less malarious atmosphere. Rear a child in such a climate, and although it may never have had ague, or fever, yet the blood corpuscles must have



suffered more or less deterioration ; and as a result, such an individual must be smaller, paler, than if reared in a non-malarious atmosphere. Suppose only one blood-globule in twenty has been destroyed thus : such an individual must be one-twentieth less in size, and the presence of that much effete morbid material within the blood will lessen the energy and vigor of the system ; and it follows that the *type of organization* will be less solid and compact.

But it is said that persons reared here, or who have resided here for a length of time, get *acclimated*. In a certain sense they may become acclimated—acclimated just this far, and no farther : the system may arrive at a certain amount of *tolerance* of the poison—that is to say, it may no longer manifest itself in those outbreaks or paroxysms we call ague ; but the poison is there, and requires constant work, labor, taxation of system, for its elimination. The vital organs being constantly engaged thus, instead of laying up stores for future use, like a garrison, that must stand guard all the time, because of the immediate presence of the enemy, having no time to throw up fortifications for its defence,—then if a little exposed, a trifling accident, occurs, (*e. g.*, a cold,) the individual, unable to throw off both malaria and additional disease, is prostrated with some one of the protean forms of that disease ; and every such prostration is an additional blow at the vital organs. It may be weeks ere the patient wholly recovers from such an attack, and then, perhaps, only to return to the same condition of system. All this time the blood-making organs are deranged ; the blood is impure, and the tissue it builds up can not be healthful. More or less of such experience has fallen to the lot of almost every one reared in Indiana.

Our native-born citizens do not resist malarious diseases as well as Europeans who have been reared in a non-malarious climate ; and the reason is obvious : not having had their systems exposed to the action of malaria—not having suffered the attendant derangement of the blood-making organs, nature has built up for them a *better type of cell growth* than we have.

I know we are told that *quinia* is an antidote to malaria ; use it freely, and you will not have it. Quinia is not an antidote, in the loose sense in which we often use the term. It does not neutralize the poison, by changing it chemically into some harmless compound. Strictly speaking, the word *antidote* “ signifies any remedy capable of combating the *effect* of poisons ” (Dunglison) ; and this quinia does, as a blood-depurant, by heightening the action of the various emunctories, as the skin, kidneys, and liver, thereby carrying out of the

blood the *effects* of the disease. Thus, quinia may eliminate the retained urea, or uric acid, or reproduce the taurine of the bile, as suggested by Headland. But even if quinine did neutralize the malaria poison, and there should be no effete matter resulting therefrom left within the blood, still, we could not prevent malarious diseases. Why? Because quinine is bitter—very, very bitter; and your patient will only swallow it when he has to. Swallowing bitter “stuff” is not a pleasant thing. Besides, you may give it all day, at stated intervals, and your patient may retire at night, to dream of rosy health on the morrow; but all this time he must breathe—breathing is necessary to life; and at each inspiration he inhales a given amount of the dread disease he would destroy, thus gently, insidiously, persistently undermining the breakwater he has been rearing. *Mal-aria*, or *bad air*, as the name imports, must be breathed, or *no air*.

Now, gentlemen, this brings me to the practical suggestion I would make, namely, that *you shall be as assiduous, as persistent, in the use of the appropriate remedy for your patients, as nature or our climate is in the production of disease*; that in our country you will expect the existence of a large class of diseases belonging to the type known as adynamic, and that often they have superadded that qualifying expression, “chronic;” that a chronic disease is a highly finished production, not the work of an hour, nor a day, but the result of a long continued, perhaps unremitting, operation of morbid influences for years and years together; that to think of removing such a thing as a “chronic” disease, at once, is the height of folly. Generally, there are no nigh cuts to a cure through pyalism, or other active agents suddenly impressing the system. It is a gradual work, and must be patiently pursued. No man, however skilled in *arte medica*, can effect a cure who does impress his patient with this idea. Most patients expect to be cured at once; and the doctor too frequently encourages this unreasonable expectation. As a result, the patient takes his medicine for a few days, or longer, as the case may be, then rests from medicines for a while, then tries another doctor, and so on, perhaps with half a dozen physicians, quitting on patent medicine, worse than at first. Then you will hear such complaints as this: “I have tried all the doctors, and they have done me no good.” To such complaints I have said, “Madame, you have not taken the *right thing* long enough. You must remember the world wasn’t made in *one day*. You must not expect a disease of six months’ duration to be cured in a week, nor two weeks. We are going to sharpen up your blood-making organs. It will take three or four weeks, per-

haps, to get you started up hill, and then we expect to better your case, not by a sudden and wonderful transformation of tissue, but by gradually, and, I doubt not, certainly, building up your system, a little to-day and a little to-morrow, on the principle that drops make up the ocean, and sands the sea-shore. You must not expect to be cured suddenly. No great and shining light is going to appear unto you, whereby you are to be told what to do to be cured *at once*. No, madame, the days of miracles are past. You are to be cured as much by your own efforts as the doctor's. It is easy for me to give you what you need, but you must take it, and take it long enough to cure you, or you can not expect to get cured. Suppose you had to ascend 'an exceeding high mountain,' like that which the Devil took our Savior up into: wouldn't you think you had better be making a little of the journey every day,—not stop on the way two or three weeks, and see if you wouldn't go up anyhow?" Thus I have induced patients to commence and continue a systematic course of treatment, ending in their recovery.

We too often forget the advice of Hippocrates, namely, that the physician is the *minister and interpreter of nature, and not her master*. We too often lose sight of those slow, silent, yet telling, forces of the system. Moments, when aggregated, make up the sum of life. A child may amuse itself with the sparks emitted by an electric machine, but the aggregation of those little sparks constitute the terrible thunderbolt that rends the earth with its shock. So the minute cell accretions, resulting from improved and increased red corpuscles, when they come to be aggregated, week after week, tell, in results that astonish even the physician, whether they have been brought about by improving the condition of the *blood-making* organs, or by pouring into the blood its own elements, or by both combined, with, perhaps, additional appeals to that presiding genius, the nervous system.

Three things are necessary to the successful treatment of the adynamic and chronic type of diseases: 1st. To know what is the matter; 2nd. To furnish the appropriate remedy; 3rd. The patient must *take* the remedy. As a means of arriving at the pathological condition of such cases, I know of no *one* resource that furnishes such a clue to the actual condition of the patient as microscopical and chemical examinations of the urinary deposits. These "deposits" mean a vast deal. They are the *scoria*, the *debris*, that nature throws out of her great work-shop as she busily, ceaselessly plies her task. They are "flyings," that tell what kind of "fabric" is being made within. The Uroscopist is an *a posteriori* reasoner. He reasons from that



which *is*, to that which *must have been*; and nothing *is*, without something *was*. In these low forms of disease there is often a *leak* somewhere—a *screw loose* in some part of the organism. The microscope will generally tell you *where it is*, and *what it is*.

In conclusion, allow me to say that the physician who has only learned how to reduce, to tear down, to destroy, is only half a doctor. Much the most difficult task—a task requiring much the most skill—is that of learning how to build up, to restore, to create anew.

Gentlemen, in retiring from the chair I commend to you the careful consideration of our numerous adynamic diseases, and their climatic relationship.

---

ARTICLE II.

**Report of Cases.**

BY C. N. FOWLER, M.D., POLAND, O.

In making this report of cases, I will confine myself strictly to what I conceive to be points of special interest and practical importance—omitting ordinary symptoms and treatment, except so far as the peculiarity of each case may require for its elucidation.

CASE 1st.—*Talipes Varus*.—Shaw Russell's son, aged four years; residence, Petersburg, O. The distortion of the foot was so great as to present the upper surfaces of the external cuneiform and cuboid bones to the floor in walking.

Feb. 1, 1859.—Divided tendo achillis, tendon of the anterior tibial muscle, and plantar aponeurosis. Having experienced great inconvenience from the use of ordinary appliances to maintain the proper position of the foot, after similar operations when not directly under my supervision, I resolved to try the efficacy of a permanent apparatus of starch bandage.

Feb. 2.—Accomplished the object by means of bandage soaked in mucilage composed of gum arabic, white of eggs, and starch. To give the foot its proper bearing to the leg until the bandage hardened, a splint adapted to the outer aspect of the leg, and terminating at its lower extremity, with a plate of steel the length of the foot at right angle with leg splint, and securely fastened thereto, was employed. By circular and reflected turns of the bandage from the toes to near the knee, and back as far as the ankle, the leg was prepared for the splint, which, being applied, was secured to the limb by repeated turns of roller sufficient to make four layers of bandage over leg portion of the splint. The foot was next forcibly brought upward

and outward to our lateral splint, and secured there by several layers of starched bandage—thicker at back than front part of the foot, in order to strengthen that part subjected to the greatest strain in walking. The leg was then held near the fire, and bandage dried, which required three hours' time. The dressing being dry enough to retain the foot in position without the splint, the bandage was cut through along the whole length of the leg splint, which latter was removed in such way as to draw the foot splint from its bed. By using a thick splint, its removal preserved length enough of bandage to permit the cut extremities to overlap and be readjusted to the leg (after freshening with mucilage), by interlacing somewhat after the form of the bandage of Scultetus. A dry bandage was next applied over the whole dressing, until perfect consolidation was effected. As long as the splint formed part of the dressing, the child seemed to suffer some uneasiness; but not the least after its removal.

Feb. 3.—Child slept well all night, and was permitted to go home, with directions to be returned if the dressing failed of its purpose, or proved a source of irritation. Contrary to my expectations, four months elapsed before the child was brought back. The parents informed me that he had suffered no inconvenience from the dressing, but walked with facility, and had gained great confidence in the leg for the purpose of locomotion. Notwithstanding the frequent wetting by urine, etc., of dressings, they had been kept perfectly solid by occasional applications of gum mucilage to the surface. The bandage was then cut through and removed. The foot could not be in better shape than it was found, except a very slight inclination of the toes inward. The child walked with the foot bare, and without any tendency to inversion of it. No further support was necessary by mechanical appliance. I examined the foot in April, 1860, and pronounced it a perfect cure.

Physicians who have engaged to any extent in the Orthopædic practice of surgery, concede the fact that success depends mainly upon perfect adjustment after the division of contracted tendons. From the result obtained in this case by the permanent apparatus, I have much confidence in recommending it to the profession, and doubt not that it will prove the most reliable, least irritating to the patient, and the most available dressing to harmonize the faulty action of muscles, in all varieties of club-foot, yet employed for that purpose.

CASE 2d.—*Strangulated Direct Inguinal Hernia*.—Asa Smith, of Boardman, O., aged 57 years. All efforts at reduction by the taxis failing after forty-eight hours' trial by Dr. Truesdale and myself, we

made the usual operation to divide the stricture existing in this case at the inferior edge of the transverse and internal oblique muscles. The hernial sac contained only intestine, which was readily returned to the cavity of the abdomen. On account of the continuance of symptoms of strangulation the following day, it was thought advisable to allow the sac and intestines to descend, for further examination; but neither stricture at the neck of the sac, or elsewhere, was found. Nothing presented externally at the usual points of hernial protrusion to indicate the seat of stricture; and random exploration with the knife was considered unwarrantable by patient and friends. He died four days after being operated upon. Post mortem examination revealed a button-like process of small intestine strangulated at the internal abdominal ring, not large enough to be discovered at the integument. The peculiarity of the case was, therefore, the existence on the same side of a strangulated direct inguinal hernia, and a strangulated oblique inguinal hernia. The case is interesting, not only from its anomalous character, but as being strikingly suggestive, in a practical point of view.

CASE 3d.—*Excision of the Cornea.*—R. S. Atcheson, farmer, aged 31 years; residence, Bedford, Pa. Was called, December 27th, 1858, to extirpate his eye, to relieve him from periodical attacks of inflammation, and excruciating pain consequent upon the receipt of an injury eight years before, when a fragment of percussion cap was supposed to have lodged in the posterior chamber of the eye. Notwithstanding the diffused leucoma of the cornea and opacity of the crystalline lens, I attempted to dissuade him from operative interference, regarding the presence of a foreign substance in the eye as somewhat doubtful, and the existing inflammation as contra-indicating immediate operative procedure. He was not, however, to be dissuaded, having learned the happy result of a similar operation I performed for W. Rodgers, of an adjoining village, who also had been injured by the lodgment of a percussion cap in the eyeball, from the irritation of which the whole interior of the eye was filled with a growth evidently of fibrous quality, and consequently amenable only to extirpation. Atcheson was so determined upon immediate extirpation, that we compromised the matter by excising the cornea and iris, and evacuating the remaining portion of the eye of its contents. The operation was made by Beer's cataract knife, as for extraction of cataract. The flap thus formed was held by a toothed forceps, and the edge of the knife turned downwards, to complete the excision of the cornea. To facilitate exploration of the posterior chamber, and to prevent protrusion of the



iris during the reparative process, the iris also was removed. The blood was forced out of the sclerotic chamber of the eye, which, upon examination, presented a healthy internal surface. Closed the lids, applied cold-water compress, and gave him half a grain of acetate of morphine. Pain subsided immediately after removal of blood clot from the posterior chamber of the eye, and has not since returned. The remaining stump is admirably adapted to the adjustment of an artificial eye, having gained adhesions at its free margin, and filled up within so as to preserve in great measure the symmetry of parts. So little inconvenience did he experience from the operation, or rather, so great was the relief in consequence of it, that the following morning he was walking about the door-yard, quite comfortable.

---

ARTICLE III.

**Castration for Epilepsy.**

BY JAMES I. ROOKER, M.D., CASTLETON, INDIANA.

John A., æt. 35, bachelor, American, laborer, consulted me, December 20, 1860, for what he termed "fits." After interrogation, the following history was elicited: He is one of six children, five living and healthy. Parents died at an advanced age,—but is not able to tell from what cause; does not think that there is any hereditary predisposition to insanity or epilepsy in the family; was himself in the enjoyment of excellent health up to fifteen years ago, at which time he commenced the practice of masturbation. He also had a tolerable English education, which he obtained as readily as most of his classmates. Five years after indulging excessively in self-abuse, was for the first time attacked with epilepsy, coming on suddenly, without any premonitory symptoms, generally at night, and always immediately after masturbating. He found his general health failing; memory becoming defective. Was advised to try the effect of medicine, and, as usual, run the gauntlet of quackery.

Discarded by friends for his loathsome practice, he was often compelled to look to the charity of the world for support. At the time of my first interview with him (Dec. 20, 1860) he was in a deplorable condition: wild, idiotic expression; tried to avoid society, female in particular, for which he said he had an abhorrence. He was very free to confess his guilt, and asked piteously for something to be done to enable him to desist his habit; for him to try within himself was impossible—knowing, at the same time, the penalty would be a seiz-

ure of epilepsy. At this time he was not competent to earn a livelihood, and was an object of charity. Was not able to write his own name, or read but little.

Mr. L., a very intelligent farmer, with whom he had resided for some time, informed me that the most of the time he showed marked symptoms of insanity, and that he (Mr. L.) had used every means except confinement to induce him to desist from self-abuse, but to no purpose. The patient was advised to call again in a few days, and I would take his case under consultation.

Knowing, as we do, that one of the causes of epilepsy is extreme sexual excesses, also knowing that castration has been performed with some success in such cases, the present case to me looked favorable for an operation. After due deliberation, I resolved on performing double castration; and on Jan. 21, 1861, at my own office, the patient was brought under the influence of chloroform and sulph. ether, equal parts, and with the assistance of Dr. Wm. Cyrus, of Allisonville, the operation was performed in the usual way, with the exception of ligating the spermatic arteries and dividing the cord. The latter was cut as close to the testicle as possible. It was found impossible to secure the arteries, owing to their smallness; and it was resolved to ligate the entire cord. Not an unpleasant symptom originated from this. The patient was put to bed, and cold-water dressing applied. Six hours after the operation, secondary hæmorrhage came on, from one of the scrotal arteries; it was found, and ligated without the loss of much blood. The patient was closely watched during that night by my student, Jacob V. Floss, and cold-water dressing applied every ten minutes through the night.

Jan. 22.—The patient this morning says he feels comfortable; pulse 74, and full; in short, is doing very well. From this time up to the present (April 20) he has been improving admirably. Ligatures came away on the twelfth day. Wound healed mostly by the first intention, *and has not had a fit since the operation, or a symptom of one.*

I would here remark that I kept him at my own residence, in order that I might carefully watch his progress. It looks unreasonable that a patient who had been suffering so long from epilepsy should be relieved so suddenly, but it is positively so with my patient. He is now able to work; says he feels very much better than he did previous to the operation; no inclination to masturbation—can't produce an erection by any mental effort; has had some priapism at night, but says it originated from the heat of the bed. As I before stated, the cord was divided as close to the testicle as possible. I thought that the

further I could keep away from the peritoneum, the less liability there would be of peritonitis. The cord is entirely absorbed.

The above case is a very interesting and instructive one. I am well aware that castration for epilepsy is an operation that has been severely criticised by many of the profession, probably from the fact that it has not been thoroughly tested. I shall not enter into an argument in favor of the operation in my case, from the effect of the operation. I shall not hesitate to castrate again under similar circumstances. I shall keep my patient under my immediate notice for the next six months; and should he have a return of the disease, I will immediately let the profession know through the press.

---

ARTICLE IV.

**Puerperal Fever, connected with Intermittent Fever, with remarks upon Dr. J. E. Thompson's Cases.**

BY O. C. GIBBS, M. D., FREWSBURG, N. Y.

In this Journal, for February, Dr. J. E. Thompson, of Lynchburgh, Ill., has several reported cases of puerperal fever, three of which cases were complicated with intermittent fever. Upon these we would like to make a few remarks, and yet we would not willingly give offence to Dr. Thompson, nor do we wish to be over critical. We are always thankful for the honest and respectfully expressed opinions of others, upon any matters connected with our opinions or experiences. And more, we regard it to be our duty to throw into the general storehouse of medical literature the results of our matured opinions and carefully observed experience, however insignificant the former, or limited the latter, to be sifted by time and future observation, for kernels of truth, to be added, if any be found, to the rich garner of medical science.

Dr. Thompson has met six cases of puerperal fever, in conjunction with intermittent fever; three of these are reported. Remarking upon these, he says: "It occurs to my mind, that this is a complication not spoken of by authors,—at least I have not been so fortunate as to have read any account of it. Case 3d is the fourth case of it I have known to die, when it was complicated or preceded by ague; in fact, I have not known but two cases to recover. . . . I have not known a puerperal woman thus affected (that is, with ague) to get through parturition and its necessary consequences, without some accident of a more or less serious character." In these cases, Dr. Thompson is



quite undecided whether “the ague constituted a special pathological nidus.” We suspect he inclines to a negative, for that pneumonia can have a malarial origin he thinks is a dogma that Dr. La Roche has forever put to rest.

Let us first consider a few points in treatment, and then we will give our views of the pathology and treatment of such cases. In the first of these complicated cases reported, Dr. Thompson says: “Twelve hours after last chill, took eighteen ounces of blood; was compelled to desist from fainting; closed the orifice, and let her rest for some ten minutes, and opened it again and took ten ounces more.” In the second case he says he “took twenty-three ounces from a large orifice, being compelled to desist from her fainting.” In the third case, he “took twenty ounces of blood, being compelled to desist from her fainting; but in four hours took ten ounces more from same orifice.” The bleeding was usually followed with ten grains of calomel, and that followed with castor oil. We can not enter into detail. Of the six cases, so far as we are informed, but two had quinine, and, as if to teach an important lesson, *these were the only two that recovered*. In the one case, on the *third day*, two grains of quinine was ordered, twice a day, and that repeated four days; in the other case, *fifteen* grains were given on the second day, and not repeated. Dr. Thompson evidently did not place any reliance upon the quinine for the cure of the puerperal disease, and was evidently afraid of it even, for the cure of the intermittent, because of the inflammation present.

We hold to a different opinion in regard to the connection of the inflammation and the fever, and honestly believe, that had those six young mothers had each from *five to ten* grains of quinine, and from *two to four* grains of opium, three or four hours before the chill was expected, and repeated at the same time once daily, with smaller doses if needed, at more frequent intervals during the day, and *veratrum viride*, in such doses and at such intervals as would have been necessary to keep the pulse at its normal frequency, at least five out of the six might have been saved to their helpless infants, to their families, and to society. Childbed fever is not a common disease in the country, and when it does occur, it is usually responsive to treatment. In twelve years of practice, we have never lost such a case. In all of the reported complicated cases, the patients were suffering from intermittent fever *at the time of confinement*. Had this fever been *at once* arrested by proper means, we feel quite confident that the child-bed fever *would never have occurred*.

Drs. W. A. Brown, of Texas, and W. K. Bowling, of Nashville,

Tenn., believe that inflammatory complications, in miasmatic fevers, are the result of a malarious cause, and are best cured by remedies appropriate to malarious fevers. Dr. Brown regards all inflammatory complications of intermittent fever as the result of the malarious cause, or of injudicious and inefficient treatment. Prof. Bowling says, that in *inflammatory* intermittents one *moderate* bleeding is quite sufficient, and then quinine in about *double* the dose necessary in a simple case should be administered *immediately* after the bleeding. Dr. Brown says, that in the last seven years he has treated thousands of cases of malarious diseases, with almost every form of complication, without the loss of a case. He treats all complications *as the result of the malarious cause*. The learned Dr. Drake was of the same opinion with Prof. Bowling. When an inflammation was complicated with an intermittent, he believed that one bleeding would reduce the disease at once to a simple form, and then, if quinine was *promptly* administered in sufficient doses, the intermittent would disappear, and the *local inflammation* cease to show further symptoms. Dr. R. Thompson, of Nashville, Tenn., also holds to similar opinions. We have advocated similar views for the last seven years. We believe that thousands of valuable lives have been lost, untimely, because the attending physician was afraid to administer quinine, in a case complicated with inflammation.

In addition to the foregoing remarks, and in support of our opinions above expressed, we take pleasure in referring to an editorial remark in the March number of the *Berkshire Medical Journal*, which, since writing the above, has just come to hand. "In regard to *epidemic* puerperal fever, we believe that quinine in heroic doses, and active alcoholic stimulation from the outset, is the only treatment which can be relied on with any degree of confidence. It is so closely allied with epidemic erysipelas, that we should be led *a priori* to adopt such a course, and its advantage is confirmed by experience." Though the cases reported by Dr. Thompson were probably not of an epidemical character, but being endemic and malarious, or at least associated with a malarious disease, quinine was equally demanded, and would, we opine, have given most satisfactory results.

As a collateral confirmation of the correctness of our suggestions, in regard to Dr. Thompson's cases, we may say, that Dr. Alex. Hadden, as well as Prof. Fordyce Barker, both of New York, advise and administer full doses of quinine, even in *uncomplicated* cases of puerperal fever. Prof. Barker considers quinine, given in large doses, when the surface of the body is cool and moist, not only an anti-febrile tonic,

but a decided sedative. This opinion Dr. Hadden, of the *Bellevue Hospital*, says he has repeatedly verified in cases under his charge. Bearing more directly upon the cases in point, and our suggestion in regard to the use of quinine, anterior to the manifestation of the local inflammation and fever, we take pleasure in being able to refer to the practice of Mr. Piedagrel, of Paris. When puerperal fever is epidemic, he commences treatment with quinine, as soon as the patient enters the lying-in wards. This is continued as a preventive, in three-grain doses, until all danger is past. If, in spite of this treatment, the signs of fever manifest themselves, the quinine is *increased* at once, to doses of *ten* or *fifteen* grains. Still bearing upon this point, we would refer to the experience of Dr. Leudet. He put the prophylactic powers of quinine over puerperal fever to the test, in the Hospital of *Rouen*, in which the disease prevailed epidemically. "From September, 1843, to January, 1844, eighty-three women were delivered. In nine who took the sulphate of quinine, there was no puerperal fever; of the remaining seventy-four who did not take it, twenty-one were seized. In 1845, of twenty-six lying-in women, fifteen took the medicine and only one was attacked; while of the eleven who did not take it, eight was seized. In 1846, of thirty-six lying-in women, seventeen took the salt of quinine, and only one of them had the fever; while of the nineteen who did not take it, eleven were attacked. Five grains were given, four hours after delivery, and the same every six hours for three days, when the dose was reduced. In some cases the medicine was given *prior* to delivery." (We quote from T. D. Mitchell's *Therapeutics*, p. 320.) As before observed, had Dr. Thompson's cases had quinine, in appropriate doses, before delivery, or very soon thereafter, we have but little doubt the whole six would have escaped the disease, and the four mothers, just made happy, the death that so soon overtook them.

In conclusion, we will quote one authority from Dr. Thompson's own State. In the *Lancet and Observer* for August, 1858, Dr. J. A. Windle, of Blountsville, Ind., has an article upon puerperal fever—its prevention and treatment. He says the disease had prevailed extensively in that vicinity during the preceding year. Believing the disease to have a malarious connection, he instituted a series of experiments with quinine, with reference to its preventive action. He says: "To my great surprise and extreme satisfaction, not the *first* one out of twenty upon whom I employed the remedy did the disease affect; whilst upon an equal compliment who were not submitted to the prophylactic, *eighteen* out of the twenty were affected, and suffered



severely therefrom." Dr. Windle uses the remedy not only as a prophylactic, but as a curative agent, even in the presence of the disease. He generally premises one full bleeding, and in the remission which succeeds he gives *fifteen* grains of quinine, in divided doses, at short intervals. "The quinine I repeat at each abatement of fever, until there ceases to be any fever, which usually occurs in my practice about the third or fourth day."

This article has grown under our hand beyond our expectation; but the importance of the subject must be our apology. It is certainly of the first importance to know whether, in our western States, the puerperal fever may be connected with intermittent fever, by a common cause. If so, the treatment of the systemic disease should take precedence of the local inflammation, and quinine becomes the all-important remedy, especially when combined with opium.

---

ARTICLE V.

Cases in Obstetrics.

BY GEORGE R. EWING, M.D., ROOK CITY, ILL.

To the medical man, above all the other departments of life, whatever is of the "curious," or that which is out of the ordinary course of events, is sought after with great eagerness; and in medical statistics these unique cases often prove of great value. Freaks of nature sometimes come under the observation of the accoucheur, and are usually interesting to the readers of medical journals. I will therefore report the following cases, which I find in my "Obstetric Record," hoping that they are not wholly without interest.

CASE 1st.—Mrs. W., at seven months of utero-gestation, had a miscarriage; child lived three weeks. When born, it presented the following peculiarities: Posterior fontanelle two inches in diameter, through which protruded a portion of the brain and its membranes. The edges of the opening presented the appearance of a partially healed wound. Each foot had an extra toe attached to the base of the small toe by a small pedicle. Also, each hand had an extra finger attached to the little finger, opposite its metacarpo-phalangeal articulation. These extra members also had their attachment by pedicles; one of the fingers was five-eighths of an inch long, and had a perfect finger. The other finger and toes were not quite so long, and the nails not so well formed.

By request, I amputated the fingers. On dissecting one of the fin-

gers. The bone was found in the same stage of development that is found in a foetus at this stage of gestation. I was not permitted to hold a post-mortem examination upon the child, which, no doubt, would have revealed certain internal malformations.

CASE 2d.—March 22d, 1860.—Mrs. J. delivered to-day of her seventh child, a boy, weighing eleven pounds; labor natural; child, when born, was, to all appearance, perfectly formed. I left two hours post partum.

March 23d.—Was requested this morning to visit the child, who, the messenger informed me, was unable to pass its urine. On examination, I found a slight malformation of the glans penis. Upon superficial examination, the urethra would seem to be perfect; but on more minute examination, it was found to terminate abruptly, at the depth of about three lines. Beyond this, not the most indistinct vestige of the urethra could be found. The extent of this imperforation I could not determine. However, as there was but little urine in the bladder, and the child in every respect comfortable, I concluded to let the case alone till next day, hoping that the urine might force its way through. At my visit next day I found that no urine had passed, bladder being considerably distended, and the child in distress. Never having seen a case of this kind, I felt some delicacy in regard to the proper course to pursue. But something must be done. I accordingly passed a very small sharp-pointed bistoury down the course of the urethra, nearly half an inch, where it reached the natural passage, which, however, was very small. With a small silver probe I dilated the urethra (which a half inch further down was all right), and in a short time the contents of the bladder were evacuated. By keeping the artificial passage open for a few days, I had the pleasure of seeing my little patient doing well.

CASE 3d.—Mrs. F. was delivered, March 10th, 1860, of a male child. Six weeks after, the mother discovered what she called a "lump" in the scrotum. As is usually the case, where the genital organs are supposed to be diseased, people are apt to become alarmed and anxious beyond degree. At this juncture the little one was brought to me for my opinion. On examining the testicles, I found them natural in all respects. On the right, above the testicle, and closely allied to the cord, was a third testicle of the same size of the others, with its epididymis complete. I assured the mother that there was nothing "very bad" in regard to the nature of the case, and, of course, advised her to let the little fortunate possessor have all that nature, in her lavished kindness, had bestowed upon him.

CASE 4th.—On the morning of May 1st, 1860, I was requested to visit Mrs. N., who, I was informed, had been vomiting for several days, which could not be controlled by the usual domestic remedies. Upon visiting the place indicated, I found the lady in a very uncomfortable condition. Was of the nervous temperament; slender form; of a delicate constitution; married four months; pregnant three months; pulse small, quick and feeble; extremities cold; considerable gastric tenderness; tongue red, but clean; great thirst. Morning sickness came on very soon after conception, and had gradually grown more annoying every day, until it was not confined to the morning, but continued throughout the day and night, till I found her in the condition as above stated. All food, and even small quantities of cold water, would be rejected as soon as taken into the stomach. From the history of the patient, and the condition in which I found her, made it evident to my mind that it was a case of "vomiting of pregnancy." After paying due regard to the more immediate indications, I resorted to the usual course of treatment.

During the next two weeks the patient improved a little. After this the symptoms came on with renewed violence, and resisted all treatment. The patient's life being in a precarious condition, the propriety of bringing on abortion, as a *dernier ressort*, stood uppermost in my mind, unless there should be a mitigation of the symptoms inside of twenty-four hours; but, to my great relief, nature stepped in, kindly interfered, and saved me this extreme measure: the patient aborted, which was followed by profuse hæmorrhage. Vomiting ceased immediately. Under a tonic course, the patient soon regained her former health.

In connection with such a case as this, the question properly arises, How long are we justifiable in allowing the patient to suffer? The popular author and judicious Meigs, in reporting a certain case, says: "I would certainly, had I a case again under my care so distressing as that of —, take measures to bring on premature labor. . . . I have to condemn myself for having permitted her to suffer so long as I did." However, the question is a delicate one, and the physician who determines to bring on an abortion, under any circumstances, should consider well his case.



## Proceedings of Societies.

---

### Proceedings of the Union Medical Society, Knightstown, Ind.

---

Society met on Monday, February 4, 1861, at 10 o'clock. President, Dr. Lewis, in the chair.

Regular business being in order, Dr. B. W. Cooper read a report of a case of inflammation of the brain, resulting in softening, blindness, etc. The case had been a very tedious one, but was now convalescent. His success in the treatment of the case he attributed to the early use of strychnia. Dr. Cooper also reported several cases of diphtheria, treated with sulph. cinchona and sulph. copper.

Dr. Crouse thought that sulph. copper was rather new treatment for that disease in this part of the country. He would not like to put as much reliance in it as Dr. Cooper seemed to. He was accustomed to use tonics to a greater extent than the Doctor.

Dr. Lewis would not like to trust to the copper alone; it was, however, a tonic the same as zinc, nit. argent., and that class of remedies. Dr. Lewis would attribute the result, in Dr. Cooper's brain case, to the early use of the hydriodate of potassa, which the Doctor used in connection with his other remedies.

Dr. Coffin reported a case of poisoning by iodine. The case did well under appropriate treatment.

Dr. Crouse reported a case of spermatorrhœa, which he treated successfully with lupuline and wine of ergot. The wine of ergot, he thought, played the most important rôle in the treatment of the case, as the patient had tried every other treatment, with no good result. He improved from the time he was put on the ergot.

Dr. Elder thought that the moral regimen the Doctor enforced upon his patient had as much to do with the result as did the ergot.

Dr. Troy read a report of what he considered to be a case of milk-sickness. His treatment was after the plan laid down by milk-sick doctors, and consisted of *calomel and whiskey*.

Dr. Elder wished to know if there really was a disease differing so much in its cause, symptoms, and pathology, from all forms of gastric and irritant fevers, as to merit the name of milk-sickness.

Dr. Crouse thought there was. He did not use to think so. He never had but one case, and he never wanted another. He knew this

case was the disease known as "milk-sick," the moment he entered the room, from the *peculiar smell of the cow*, or *milky aroma*, which filled the apartment.

Dr. B. W. Cooper thought that there surely was such a disease. Generally, when you ask any one in the country if there was any milk-sick there, they would tell you, "No; but in the next neighborhood there was plenty of it." He thought that he must live in the "next neighborhood," for he had enough of the disease to treat. The whiskey treatment he did not think the one indicated. He was compelled to make use of it, when he commenced practice, owing to its universal use by other practitioners, and the prejudice of the people in its favor. When he had gained a little more reputation he discontinued it, and substituted an anodyne treatment, with demulcent drinks. Since then none of his patients had died.

Dr. Lewis thought it extremely doubtful whether or not there was such a disease. He viewed such cases as being nothing more than gastric intermittents.

On motion, Society adjourned to meet first Monday in March.

---

KNIGHTSTOWN, March 4, 1861.

Society met, according to adjournment. President in the chair.

Reports of cases being in order, Dr. Canady reported, verbally, a case of abortion at the third month, with retention of the placenta. There was but one slight pain accompanying the expulsion of the embryo, which came on without any premonitory symptoms, while the woman was attending to her daily duties. The whole of the after-birth being retained, he was sent for to take it away. He found the woman free from pains and hæmorrhage. On making an examination per vaginam, he found a few small clots of blood, and the ostium uteri firmly contracted—so much so that he could not introduce the end of his finger without using an unwarrantable degree of force, and causing the woman great pain. The patient being anxious to have something done to relieve her of the placenta, he applied cold to the pubic and hypogastric regions, cups to the sacrum, and gave a strong infusion of good ergot, but to no purpose. Not the slightest pain was induced by all the means he tried. There being no hæmorrhage, or other alarming symptoms about the case, he concluded to leave it to nature for a time. The next day he found the case in the same condition; and so it continued for two days longer, when the friends, becoming alarmed, sent for another practitioner, and he lost all fur-

ther history of the case. He wished to know of the Society if he had pursued a proper course in not trying to remove the placenta with instruments.

Dr. Lewis said that he would have treated a similar case in the same way.

Dr. Crouse reported, verbally, an obstetrical case. Membranes had ruptured, and pains ceased, three hours before he was called. He found the woman with symptoms of convulsions: head thrown back, pupils widely dilated, and looking wildly about the room. He immediately gave grs. x. of quinine, which was soon followed by good strong pains, and the birth of the child. He thought that the quinine prevented the convulsions, by hastening the labor.

Dr. Lewis said, during the discussion of this case, that he would like to ask the members of the Society concerning their conduct in the lying-in room. He had seen some doctors pull off their coats, and roll up their sleeves, as though they were going to butcher. This he looked upon as very bad taste. He was accustomed to follow out the rules of Ramsbotham and Meigs: woman on her left side, etc.

Dr. Canady said that he sometimes took off his coat, if the room was very hot, or his coat very tight. He always wanted a woman on her back; he could do nothing with her on her side. When he first commenced to practice medicine, it was the custom to have the woman propped up on three chairs—one to sit on, and one for each foot; while the accoucheur sat between the woman's thighs, on a half-bushel measure, with a quilt over his knees to protect him from getting soiled. He being a portly man, bursted the bottoms out of so many measures that a dinner-pot, with a board across the top of it, was substituted.

The early practice of most of the older members corresponded with that of Dr. Canady.

Dr. Elder read a report of a case of rheumatism, which was accompanied with a scarlet rash over each joint affected. The rash resembled the eruption of measles, and declined with the pain.

Dr. Lewis reported a case of face presentation, which, by spontaneous evolution, was converted into a natural presentation, the face sweeping the sacrum and occiput, emerging under the arch of the pubes. He also reported a case of *triplets*. Two of the children were yet alive,—the other was still-born.

Dr. Rawlins reported the sudden death of a child from a spasm.

On motion, Society adjourned to meet the first Monday in —, at 10 o'clock A. M.

B. F. ELDER, M.D., Secretary.



**Proceedings of the Newcastle (Henry Co., Ind.,) Medical Society.**

Prepared by JOHN REA, M.D., Secretary.

The New Castle Medical Society met, pursuant to adjournment, April 8th, 1861. The President, Dr. Ferris, being absent, Dr. W. E. Millikan was appointed President *pro tem*.

The roll being called, all the members answered to their names but Dr. John Darr. Dr. Millikan was excused for absence at last meeting.

The special business of this meeting is the reporting the business during the preceding year. Dr. John Rea reported 540 cases of disease treated, and 52 obstetrical cases; Dr. J. Mendenhall, 718, 29 obstetrical; Dr. W. E. Millikan, 704, 23 obstetrical; Dr. W. M. Resener, 516, 19 obstetrical; Dr. S. Ferris, —.

The first nine months of the reporting year, each member reported rather an unusual amount of good health; no epidemic influence prevailed. The common or endemic diseases of the country did not prevail to their usual extent. Intermittent fever was not so prevalent, nor so rebellious to treatment, as it sometimes proves to be in this location in the autumnal months. Some of the cases of the remittent fever assuming a typhoid character were somewhat tedious in their progress.

*Diphtheria*.—All of the members reported some cases of this difficulty, but few cases proved fatal. There appeared to be a uniformity in the treatment, all agreeing that the general treatment was the important part, and that should be sustaining—quinine, chlorate potassa, and Dover's powders, mild cathartics; and as a local application to the tonsils, arg. nit., and some favored the use of mur. tinct. ferri, full strength, two or three times a day. Those that used the iron said that produced less distress when applied, and convalescence was more rapid and permanent. The tonsils were not so large, red, and spongy, as when the arg. nit. was used.

The latter three months of the year, a good deal of pneumonia among children was reported, which also required a sustaining course of treatment; quinine, opium, and veratrum viride were the principal remedies used. No deaths were reported. Several cases were complicated with whooping-cough.

Several cases of interest were reported in full, but would lengthen this too much to give them.

Dr. Mendenhall reported a case of puerperal mania which proved fatal. The case was treated under very unfavorable circumstances.

There was but one small room about the house, and in the country. The room was used for cooking, eating, and sleeping, in the latter part of November last, when the weather was rather inclement.

The following case of poisoned wound, received while butchering, which proved fatal in eight days, was reported by Dr. J. Rea :

J. V., aged 32 years, bilious temperament, a man of good general health, was butchering on the 18th of March, 1861, accidentally made a small incision on the dorsal portion of the thumb of the left hand, between the first and second joints. The wound was not of sufficient importance for him to notice it at the the time of its occurrence. On the next day he felt a slight uneasiness in it, and applied a piece of wax to it. But during the day he felt slight pains passing up the arm to the axilla, while by evening or the next morning there was considerable distress in that region, with tenderness on pressure. The pain, from his own description, was not of a severe character, but of constant burning soreness. He had some indisposition during the day, but not sufficient to prevent him from attending to his business (attending saw-mill). When he arose the next morning he did not feel much like business ; he eat a light breakfast, and went to his business. During the forenoon he felt quite indisposed, but continued his work until noon. When he went to dinner he could not eat much ; went back to the saw-mill, but did not stay long, but went to the house again, and soon had a chill, which was followed with fever. In the evening he took a portion of cathartic pills. The pills did not operate by the next day. Some time during the day he took a portion of sulph. magnesia, which did not operate until late in the evening. During the day he found he was losing the use of the left arm, in addition to pain and soreness in the axilla. By evening the arm was so paralyzed as to be entirely helpless. In addition to the paralysis, the pain in the axilla had increased in severity. He was chilly all day, and in the evening he had a very high fever, and some delirium. All these symptoms were increasing rapidly. About midnight he sent for me to see him. I saw him March 22d, at 5 o'clock A. M., when the preceding symptoms were related to me by himself and the family. In addition to the preceding, I found him in the following condition : The wound on the thumb was scarcely distinguishable—no appearance of inflammation in it ; the arm was entirely paralyzed, so far as motion was concerned ; the sensation was not impaired ; the temperature of the arm agreed with other parts of the body ; there was no swelling of any part of the hand or arm. The family described a red line up the arm from the wound on the thumb ; but that had disappeared when I first saw him. The skin was hot and dry ; tongue quite red through the centre, as far back as I could see, and dry ; pulse 92 ; thirst urgent ; an entire loss of appetite ; an anxious expression of the countenance, with dullness ; sordes about the lips and teeth ; the axilla was quite tender and red, but not swollen—even the lymphatic glands were not enlarged.

Treatment : Take quinine sulph., grs. v. ; opii pulv., gr. j. ; camphor, grs. v. ; one to be used every four hours until six were used, in-

tervening with drachm doses of Tilden's fluid extract of valerian; to be followed with castor-oil; tinct. iodine to be applied to the axilla every six hours; a free use of wine and nutritious diet.

Saw him at 9 o'clock A. M. on 23d. He had a very restless night. He was sitting up in a chair before the fire, when I went in. He said he was sitting up to rest; he was tired of lying in bed. He did not sit up long before he lay down; appeared to be exhausted when he lay down; had the same dull appearance; pulse 120; tongue moister than it was at the last visit, but very red; the bowels had not moved from the oil that was ordered at last visit; erysipelas from the axilla was spreading rapidly in every direction. After the bowels were moved the same treatment was continued.

Saw him on the 24th, and found all the symptoms increasing rapidly, and the powers of life evidently giving way. Same treatment continued, with the addition of whiskey, as much as he would take.

Saw him on the 25th, at 1 o'clock A. M. Failing rapidly. At 6 o'clock A. M. became entirely comatose, and could not be aroused any more to swallow anything, and died at 11½ o'clock.

REMARKS.—This case simulated so closely the nature and termination of dissecting wounds, that we are almost forced to the conclusion that the animal was unhealthy (cow). This was, of course, unknown to the butcher, from the fact that it was butchered for his own family use, and was actually used for that purpose.

There was no epidemic influences prevailing in the immediate neighborhood, but there was, in a short distance, or in the adjoining neighborhood, an epidemic of typhoid fever, and of a malignant fever; and the peculiar form of malignancy was hæmorrhage from mucous surfaces, mostly from the bowels, nose, and gums, which proved fatal in nearly all of the cases in which this occurred.

The Society adjourned to meet the second Monday in June next.

---

## Correspondence.

---

### Persulphate of Iron in Post Partum Hæmorrhages.

---

MESSRS. EDITORS:—In the November number of your journal I called attention to the use of the persulphate of iron in post partum hæmorrhages. A few days since I attended Mrs. N. in her second parturition, during which nothing unusual occurred. The placenta and membranes were expelled by the uterine contractions, assisted gently by the finger. Within five minutes afterwards, and without any unusual discharge from the vagina, or great enlargement of the uterus, I noticed a considerable pallor of the countenance, and great feebleness of the pulse. A vaginal examination was instituted, which developed a large accumulation of coagulated blood. The hand was



at once introduced, and the vagina and uterus cleared of coagula. The uterus contracted, although feebly. The hand was retained in the uterus and vagina, but without steady tonic contractions sufficient to restrain the hæmorrhage. The patient soon became pulseless. No ice could be procured speedily, and there was not time to procure and expect efficiency from ergot. In a few minutes I procured a saturated solution of the persulphate of iron, and with a syringe threw two ounces into the uterus, which had been previously emptied of its coagula, and was, therefore, small, although with very imperfect tonic contraction. *The hæmorrhage was immediately arrested—not a drop of fresh blood appeared;* and the tonic contraction soon followed. By the free use of brandy, reaction was slowly established. The lochial discharge commenced on the following day, consisting of a straw-colored fluid, mixed with small coagula, produced by the iron. On the third day the discharge was *slightly tinged* with the fresh red corpuscles of the blood. The patient recovered satisfactorily, in every respect.

This case goes to confirm what I said in the article I referred to in the Nov. number, in respect to the *efficiency* and *safety* of this remedy. I feel confident of its *complete power* to stop hæmorrhage, when applied under the circumstances I have named. I may, however, be allowed to repeat that cases must be very rare requiring its use; because nearly all cases of post partum hæmorrhage will yield promptly to the introduction of the hand into the vagina and uterus. I am not, therefore, an advocate for its use, notwithstanding its safety, unless the introduction of the hand fails to stop the hæmorrhage. In using the persulphate, it should be applied, of course, freely, so as to come in contact with the entire inner surface of the uterus.

I am yours truly,

GEO. MENDENHALL, M.D.

CINCINNATI, O., April 8, 1861.

---

#### Examination of Candidates for Graduation, in the Medical College of Ohio.

MESSRS. EDITORS:—In accordance with a resolution passed at the last meeting of the State Medical Society, the President, Dr. Conklin, of Sidney, appointed Drs. McMeens, of Sandusky, Kincaid, of Clermont county, Dorsay, of Piqua, and Bonner, of Cincinnati, a committee to attend, with himself, as a Board of Censors, the examination of the candidates for graduation at the Medical College of Ohio, on Friday, March 1, 1861. This very pleasing duty was willingly per-

formed by the gentlemen to whom it had been assigned, they believing that in this way the examinations would be more satisfactory, both to the professors in the College, and also to the physicians of the city of Cincinnati, and of the whole State; and that the candidates, knowing the additional test to which they would be subjected, would labor with increased diligence to acquire that proficiency and accuracy necessary to pass a proper examination.

The examination was conducted by each professor writing on a blackboard ten or more questions, selected by himself or by any member of the Board of Censors, which were to be answered by the candidates, in writing. One hour was assigned to each professor. The examinations on two chairs, viz., chemistry, and physiology and pathology, had taken place on Thursday evening, and the written answers were submitted to the Board. The remaining chairs were examined in presence of the Board, occupying over five hours, during all which time the candidates, twenty-five in number, exhibited the greatest readiness in making out answers, usually very satisfactory, to all the questions proposed.

While the Board desire to say, emphatically, that they consider all the examinations to have been of a highly creditable character, they can not avoid particularly referring to those of Profs. Blackman, Wright, and Dawson, as evincing, on the part of the students, thorough practical acquaintance with the branches taught in these chairs. Dr. Blackman's questions, ten in number, embraced a large range of practical surgery; and the answers showed that the course had been faithfully traveled over by the class. The responses to Dr. Wright's questions also convinced the Board that the members of the class of 1861 went out thoroughly prepared to overcome all the ordinary difficulties likely to be met in the practice of the obstetric art. The literary execution of the written answers also spoke favorably for the graduating class. The chirography was better than that usually practiced by medical men. The answers were couched in correct and concise language, and manifested a good degree of that literary training previous to entering on a medical course, so necessary, as a general rule, to form physicians capable of occupying a dignified position in society.

We hope to see the attendance of a Board of Censors on the examinations of our State medical institution continued, and can not doubt that the influence exerted will be beneficial to professors, students, and the profession at large,

Much to the regret of the Board, they were unable to remain to the

commencement exercises on Monday evening. If an arrangement could hereafter be made to have these exercises on the evening of the same day, or, at farthest, the day following the examinations, it would better accommodate physicians called from their professional duties, and living in remote parts of the State. D.

---

### A Letter from an Old Foggy.

---

MR. EDITOR:—I have sometimes been called a “country doctor;” have also been termed an “old foggy,” and am willing to accept the latter designation so far as it may be applied, because I show a firm adherence to the things that are old until the things that are new shall have been proved better.

Jogging along the road of professional life as becomes one with the proclivities indicated above, I look with pleasure for the appearance of your journal, finding always therein something to instruct, often much which surprises and even astonishes. Very often sober and staid members of the profession, in this region, find themselves “stumped,” to use an expressive rural phrase, by the productions of some of your contributors; they wipe their glasses, look over the pages again, to be sure they are not mistaken, then take down their works on pathology and therapeutics and try to reconcile the “new lights” with the old, a trial which ends with a sigh and a sad shake of the head, and perhaps with the expression that the world travels a great deal faster now than it did formerly!

A perusal of the article, in your last number, headed “*A case of double pneumonia treated with quinine, etc.*,” prompts my addressing you, and as I desire information simply, I shall, as much as possible, put what I have to say in the form of question; thereby seeking to avoid controversy with the author either upon generalities or particulars, such controversies being always unpleasant and very rarely profitable.

First, then, should not the article have been headed “A case of double pneumonia treated with *et cetera* and quinine”? [An old foggy would prefer to follow *authority* and call it *quinia*.] Upon looking it over, we find that in addition to quinia, there were administered tartar emetic, veratrum viride, Dover’s powder, morphine [morphia?], iodide of potassium, senega, hydrargyrum cum creta, and fluid extract of rhubarb! In addition to these internal remedies, a “large blister” was applied to one side of the chest, three days afterwards the other



side was blistered, and again the back of the right side of the chest was submitted to the same treatment!! Now, Mr. Editor, having, in a given case, used no less than seven of the leading remedies of the pharmacopæia, will you tell us how the result can be attributed to a single one of them? By what rule of logic can the quinia be credited with the recovery of the patient? Certainly, it will be said by some innocent reader who thinks he is dealing with *scientific* investigation, because the other medicines were tried and failed, and marked amendment followed the administration of the preparation of cinchona. Not at all; morphia was given in combination with it and the blisters were drawing! But, it may be said, the object of the article is to show the beneficial effects of quinia with morphia. Unfortunately for this view, during the administration of this combination, *veratrum viride* was given with but one limit, *the production of its physiological effects upon the system!* While quinia was prescribed in doses of three grains every three hours, "*veratrum viride* was ordered, two drops every hour, to be increased one drop at every successive dose until the pulse is reduced to 80." Now I must again ask, if we administer simultaneously two medicines nearly or quite antagonistic to each other, the one in limited and the other in unlimited doses, by which will the patient be affected? Will the one given *ad libitum* neutralize, overpower and abolish the action of the other, or will it not? If you open veins and allow the blood to flow freely, at the same time giving alcohol and ether in moderate doses, will the subject die or live? If you give moderate doses of belladonna and full and repeated doses of opium, will the pupil be contracted or dilated?

Yet again, I must ask, if quinia acts as a sedative—"certainly diminishing the frequency of the pulse"—why resort to *veratrum* at all? And in regard to this medicine generally, will you, Mr. Editor, inform us out here in the country what authorities classify quinia with "stimulants"? Do you know of any writer on *materia medica* who confounds the terms "stimulant" and "tonic," or uses them synonymously? Do not authorities, in classifying cinchona with tonics, carefully point out that it is peculiar in its action as one? that it is far more than, and very different from, most tonics? And what writers teach that stimulants and tonics are "necessarily injurious in inflammation?" We do not, out this way, quite so broadly understand the general doctrines of the profession.

Considerable authority is quoted in the article to prove that quinia is a sedative, and that it is beneficial in pneumonia. Upon these two points I have a few queries: Firstly, is there a shadow of proof

that quinia will act as a sedative in doses of three grains? Is it not a *sine qua non* for its action in this way that it be given in *large doses*? Is not Buquet high authority upon this point, and does he not say the reduction of the pulse by quinia is "proportioned to the largeness of the dose," and is "never observed when less than fifteen grains are administered at once"? Have we not, opposed to this, the published evidence of Dr. Mendenhall, of Cincinnati, to the effect that in doses of twenty grains alone did it have any effect on the pulse, and then "its frequency was slightly increased"? But, granted that quinia is a sedative, then will you please inform us what therapist teaches that this class of remedies alone will cure inflammation? Also, what pathologist holds that but *one* element enters into this morbid process,—that element, increased flow of blood? that but *one* of the systems of the body, the circulatory, is involved?

But I have a secondly, and ask, are not the authorities quoted to sustain the use of quinia in pneumonia, all writing of the disease as it occurs under malarial influences, of which kind we are carefully informed that the case under consideration was not? It seems probable, from the fact that they are all western or southern men; but farther, is not the quotation from Dr. Cogley taken from his report made to the State Society of Indiana a few years ago? Such a report he made, and spoke especially of the use of quinia in the pneumonia of malarial districts. Perhaps the doctor will write and tell us.

You will perhaps think this case eminently suggestive of inquiry, for I have a few more. It is reported to induce physicians to try "*a better way*," instead of treating "pneumonia with blood-letting, anti-mony, mercury, etc." (Heaven save us, or our patients, from that little *etc.*, if it include so much!) Now would it be rational to make a radical change in the treatment of a dangerous disease from the issue of a single case? Is it consistent with the conscientious discharge of our duties as physicians thus lightly to expose the lives of our patients to risk? Are the statistics of pneumonia, under different treatment, so limited as to make a single case of any great importance? Moreover, for a *single* case to have any bearing upon treatment, should not that case be *most carefully observed* and *most carefully reported*? How with the one under consideration? Is the statement that a lung "was completely inflamed" sufficiently definite for the instruction (!) of practising physicians? What were the physical signs? This question is important because we read that on the third day the "rhonchus was considerably abated." Is *rhonchus*, then, a sign of pneumonia? does it not belong exclusively to

the larger bronchi? what authority gives rhonchus as a sign of pneumonia, either when at its height or in its increasing or decreasing stages? Again, we read that on the second day the "symptoms were *nearly the same*, though the cough was less harassing." Were they? Why, we read that on the first day the "cough was *dry and harsh*," and on the second the "*expectoration was quite free*" and "alarmed the friends because of the amount of supposed blood expectorated!" How are we to reconcile these statements? I ask for information.

A few more questions yet? If a physician report a case to induce his medical brethren to abandon old and tried plans of treatment for new ones of his own, should he not show himself worthy of their confidence by well addressing his remedies to symptoms upon which there is no issue? Query, then: if in a case of pneumonia the tongue be "coated with a uniform whitish coating, and swollen so that the teeth could be counted from the indentations," and on the third day the tongue were "more heavily coated," would it, or would it not, be good practice to administer cathartics? Again, if the cheeks of a patient with pneumonia presented a "purple tinge," would it, or would it not, be good practice to give tartar emetic and veratrum viride? Would not carbonate of ammonia be better medicine? If the cheeks were stated to be "*almost a purple tinge*," what would you infer? Of what color is anything *almost* a color?

I will ask no more questions upon the case,—not however, because no more could be asked,—but close with a few of a general nature. Have we any *principles* in medicine? are there any *reliable doctrines* in therapeutics? is *pathology* worthy of any consideration to the student and practitioner of medicine? *Have we any pathology?* do we know *anything* of the action of medicines upon the system in health and disease? What is the probable effect of the perusal of such "cases" upon the mind of the young practitioner? will he more likely conclude that medicine is a science, or that it is all guess work?

We wish, Mr. Editor, you would try to answer a few of these questions for the benefit of some of your readers who are willing to confess their ignorance, who live in the country and look up with a great deal of veneration to their brethren dwelling in cities, and who write a great deal for the journals; few of them are in the habit of saying much, but most of them, like the Irishman's parrot, if they do not talk, "keep up a d—l of a thinking." Please come to their aid and give all an equal chance.

PERICKSVILLE, OHIO.



### Successful Operation for Ovarian Tumor.

---

MESSRS. EDITORS :—By permission of Dr. J. Taylor Bradford, I am enabled to give you a brief account of an operation I witnessed of his, “provided I give a plain statement of facts, and do not enter into any *eulogium* of him or the operation, which might be construed into *personal* favor, without regard to merit, which, in too many instances in our ethics, has been the opprobrium of our profession.”

The lady upon whom the operation was performed was Mrs. Stauter, a German by birth, and wife of the ferryman living opposite Ripley, O. The patient had only discovered and complained of the tumor ten weeks ago, then as large as a goose-egg. It grew rapidly, notwithstanding the treatment of different physicians; and when Dr. Bradford saw her for the first time (a week before the operation) her extreme weakness induced him to put her upon the use of stimulants and tonics, with the hope of recruiting the general strength before an operation. The day before the operation he saw the patient again, and finding her strength still declining, he decided to operate the next day. With the assistance of Drs. E. R. Bell, of Ripley, O., Smith, of Dover, Ky., and myself, the operation was commenced by making an incision in the linea alba, from three to four inches in length. After carefully dividing the integuments down to the peritoneum, a floating sac, containing a pint or more of thin transparent liquid, was found, situated in front of the *tumor proper*, which seemed to be formed in and by the peritoneum. This being ruptured and discharged, the ovarian cyst, with its bright, glossy coat, came in view. Before the incision was enlarged so as to admit the hand to search for anterior and lateral adhesions, a considerable quantity of serum gushed from the wound; but whether it was from the bursting of one or more of the cysts, before tapping any one of them (the tumor being *multilocular*), or whether deposited outside the tumor, in the cavity of the abdomen, I could not determine, the membranous and fibrous parts being so soft as to be easily ruptured by the finger. The incision was enlarged a little above the umbilicus; some slight adhesions to the omentum were broken up, whereupon the most prominent cyst protruding at the wound was tapped. This cyst was soon emptied, discharging about a half gallon of liquid; with it a considerable amount of pus. Other cysts were then tapped, or broken into with the finger, until sufficiently reduced to lift the tumor out of the wound. As the tumor was turned partly out at the wound, an adhesion two

inches in length, connecting the jejunum with the tumor, was encountered. This was carefully separated without the knife (as is the practice of Dr. B. in such cases), sometimes using the finger, and again tearing gently, until the adhesions were broken up. This being completed, and the bowels shoved back into their proper place, the neck of the tumor was then approached. It seemed *unusually broad*, as remarked by the operator; and upon a close examination, a strong adhesion was discovered, going off to the inferior and posterior parts of the womb, and so intimately connected with the neck of the sac as to make them part and parcel. For a moment we were all at a loss to conjecture what course would be pursued, when the operator passed a large needle armed with four strands of saddlers' silk, through the neck of the tumor and adhesion, although it was a common neck; then dividing the ligature at the eye of the needle, and securely tying each segment, the ligature was passed through the neck of the sac, yet embracing the adhesion. The neck of the sac was severed half an inch from the ligature, and the adhesion divided from the womb, as closely as practicable without interfering with its coats.

The wound was dressed in the usual manner, patient put to bed, and sixty drops of laudanum administered. Pulse before the operation one hundred and thirty, but under the influence of chloroform came down to one hundred. One hour after the operation, pulse one hundred and twenty.

The tumor weighed twenty-two pounds. The fibrous portion of it was soft, and easily broken down by the finger; this softness was the work of decomposition. After the operation, pus was found in several of the cysts. It is remarkable that scarcely any two of the cysts contained liquids alike in color or consistency, they varying from a coffee-ground hue to transparent.

More than four weeks have elapsed since the operation, and the patient is considered out of danger.

¶ It will be seen from Dr. Bradford's Report on Ovariectomy, to the Kentucky State Medical Society, that the success of his operations have attracted the attention and comments of both English and American surgeons; among them Mr. Charles Clay, of Manchester, Eng., who has operated oftener than any man living. But as his cases since then will, I learn, soon be before the public, and as his becoming modesty seems to avoid the semblance of display, I leave further comments to those who may, perhaps, avoid the imputation of personal favor.

Yours respectfully,

W. H. TAYLOR.

AUGUSTA, KY., February, 1861.

## Reviews and Notices.

*A Treatise on Human Physiology*: designed for the use of students and practitioners of medicine. By JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine, etc., etc. Second edition, revised and enlarged. With two hundred and seventy-two illustrations. Philadelphia: Blanchard & Lea. 1861.

Many excellent works have appeared from time to time upon physiology, and but a few years ago Carpenter's elaborate writings upon this subject embraced all that was desirable for the ordinary student or practitioner. But physiology is preëminently a progressive science; and a new book upon it is needed at short intervals, to keep us posted in its progress. It is, therefore, no disparagement to the many books upon physiology, most excellent in their day, to say that Dalton's is the only one that gives us the science as it was known to the best philosophers, throughout the world, at the beginning of the current year.

Vivisection and animal chemistry, together with a better knowledge of histology, have completely revolutionized the method of investigating physiological phenomena, within a comparatively short period; and the science, as presented by these means, is very unlike that portrayed by Carpenter and his compeers, admirable as that was at the time of its original delineation.

Prof. Dalton's book is based upon experimental knowledge, originating with himself, in many instances,—carefully verified by him when first developed by some other party. It is the first successful effort to separate fact from fancy, in an extended treatise on human physiology, in the English language. It states in comprehensive but concise diction the facts established by experiment, or other method of demonstration, and details, in an understandable manner, how it is done, but abstains from the discussion of unsettled or theoretical points. Herein it is unique; and these characteristics render it a text-book without a rival, for those who desire to study physiological science as it is known to its most successful cultivators. And it is physiology thus presented that lies at the foundation of correct pathological knowledge; and this in turn is the basis of rational therapeutics; so that pathology, in fact, becomes of prime importance in the proper discharge of our every-day practical duties.

This edition of Dalton's *Treatise* has undergone the author's care-



ful revision, and has about one hundred pages more matter, and twenty-two additional illustrations. These increased pages are made up of one entire new chapter on "Imbibition and Exhalation—the Lymphatic System;" another on "The Special Senses;" and a more thorough elaboration of various points in different branches of his subject, so inwoven with the original, however, as to maintain that order of narrative, and clearness of verbal delineation, that formed so conspicuous an element in the popularity and intrinsic value of the first edition. These emendations have added to the usefulness of the book; and, doubtless, future labors incorporated into subsequent editions will fill up some minor deficiencies that still exist. But, as it stands, it is a work of whose contents no student, and but few physicians, should allow themselves to be ignorant.

It is not within the purview of this notice to review the book in detail, but the ensuing quotations will serve as specimens of the author's matter and style. In the chapter on Food, when speaking of the kind and quantity, he says: "From experiments performed while living on an exclusive diet of bread, fresh meat, and butter, with coffee and water for drink, we have found that the entire quantity of food required during twenty-four hours, by a man in full health, and taking free exercise in the open air, is as follows:

|                       |                                     |
|-----------------------|-------------------------------------|
| Meat, . . . . .       | 16 ounces, or 1.00 lb. avoirdupois. |
| Bread, . . . . .      | 19 " " 1.19 " " "                   |
| Butter, or fat, . . . | 3½ " " 0.22 " " "                   |
| Water, . . . . .      | 52 fluid ozs., 3.38 " " "           |

That is to say, rather less than two and a half pounds of food, and rather above three pints of liquid food."

Under the head of "Renovation of the Body by the Nutritive Process," in the chapter on Excretion, he says: "The following table shows the absolute quantity of these different ingredients of the ingesta and egesta, compiled from the results of direct experiments which have already been given in the foregoing pages:

| <i>Absorbed during twenty-four hours.</i> |            | <i>Discharged during twenty-four hours.</i> |            |
|-------------------------------------------|------------|---------------------------------------------|------------|
| Oxygen, . . . . .                         | 1.019 lbs. | Carbonic acid, . . . . .                    | 1.535 lbs. |
| Water, . . . . .                          | 4.735 "    | Aqueous vapor, . . . . .                    | 1.155 "    |
| Albuminous matter, . . . .                | .396 "     | Perspiration, . . . . .                     | 1.930 "    |
| Starch, . . . . .                         | .660 "     | Water of the urine, . . . .                 | 2.020 "    |
| Fat, . . . . .                            | .220 "     | Urea and salts, . . . . .                   | .110 "     |
| Salts, . . . . .                          | .040 "     | Fæces, . . . . .                            | .320 "     |
| 7.070                                     |            | 7.070                                       |            |

Rather more than seven pounds, therefore, are absorbed and discharged daily by the healthy adult human subject; and, for a man having the average weight of one hundred and forty pounds, a quantity of mate-

rial, equal to the weight of the entire body, thus passes through the system in the course of twenty days.”

When treating of the nervous system, in the chapter on the Brain, speaking of the tuber annulare, he writes: “According to the experiments of Longet, even after complete removal of the olfactory ganglia, the cerebrum, cerebellum, optic tubercles, corpora striata, and optic thalami, and when nothing remains in the cavity of the cranium but the tuber annulare and the medulla oblongata, the animal is still sensitive to external impressions, and will still endeavor, by voluntary movements, to escape from a painful irritation. The same observer has found, however, that as soon as the ganglion of the tuber annulare is broken up, all manifestations of sensation and volition cease, and even consciousness no longer appears to exist. The only movements which then follow external irritation are the occasional convulsive motions which are due to reflex action of the spinal cord, and which may readily be distinguished from those of a voluntary character. . . . The tuber annulare must, therefore, be regarded as the ganglion by which impressions, conveyed inward through the nerves, are first converted into conscious sensations; and in which the voluntary impulses originate, which stimulate the muscles to contraction.”

Thus experiment gives the function to the tuber annulare that theory had assigned to the optic thalami and corpora striata.

A specimen from section three, on Reproduction, will close the quotations. After having given the history of the development of everything connected with the ovum, until the fœtus is expelled from the womb, the renewal of the uterine mucous membrane, etc., the author thus details the changes that take place subsequently in the muscular walls of the uterus: “About the end of the first week after delivery, these fibres begin to undergo a fatty degeneration. . . . The muscular fibres which have become altered by the fatty deposit are afterward gradually absorbed, and disappear; their place being subsequently taken by other fibres of new formation, which already begin to make their appearance before the old ones have been completely destroyed. As this process goes on, it results finally in a complete renovation of the muscular substance of the uterus. The organ becomes again reduced in size, compact in tissue, and of a pale ruddy hue, as in the ordinary unimpregnated condition. This entire removal or reconstruction of the uterus is completed, according to Heschl, about the end of the second month after delivery.”

Of the two hundred and seventy-one illustrations, all but eleven

are original, and especially drawn and engraved to illuminate the text, a purpose which they admirably accomplish.

The typography of Prof. Dalton's book is among the best, if not the best, ever executed by its publishers. H.

For sale by R. E. Clarke & Co., Cincinnati. Price \$4.00.

---

*The Boylston Prize Essay for 1860: The Value and Fallacy of Statistics in the Observation of Disease.* By DAVID W. CHEEVER, M.D. "*Perpende, magis quam numerande observationes.*" Boston: David Clapp, Printer. 1861.

As the title indicates, this is the essay which received the Boylston Prize for 1860. We are indebted to its author, Dr. Cheever, for a copy. We know him to be a finished scholar; and if any evidence is demanded of this fact, this essay will fully afford it. He is yet a young physician, and if life is spared him his mark will be made in his profession. We have read the essay with great pleasure and profit. We do not remember to have read anything of the kind which more fully sets forth the "value and fallacy" of the numerical method. Every page of it contains passages which we would like to give our readers, but our space forbids. Admiring it as a whole, there are yet doctrines in it with which we can not agree. We can not close this very brief notice without giving the closing sentences: "The science of medicine wants facts—comparable, numerous, well observed, carefully arranged, minutely classified, and acutely analyzed. But little reward awaits those who collect them. He who devotes himself to the science of medicine must expect little sympathy from the mere victory of the art: his reward lies in posterity, and the test of his conclusions must be in the future. No other agent but the lapse of time can rightly estimate the varied elements which constitute the science and the art of medicine. This alone can finally arbitrate between the claims of statistics, and the other methods of observation."

---

*Lives of Eminent American Physicians and Surgeons of the Nineteenth Century.* Edited by SAMUEL D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College, of Philadelphia. Philadelphia: Lindsay & Blakiston. 1861.

The volume before us is not strictly scientific, but will be received certainly with quite as much pleasure by the profession of this country as any work which has recently issued from the American press. We have been singularly deficient in the department of medical biography, and this effort to systematise our knowledge in this department of letters will meet with great favor. More than thirty years ago Dr. Thatcher, of Massachusetts, published two volumes of medical biography; but as this work never went to a second edition, we presume



it is entirely out of print. In 1845 Dr. Stephen W. Williams, of Deerfield, Mass., published a large volume of sketches of distinguished medical worthies who had deceased since 1828, and was thus intended as a continuation of Dr. Thatcher's book. These two works are the only attempts at arranging the medical biography of this country in systematic shape; there is, therefore, evidently a wide field for effort in this direction.

The present work is edited by Prof. Gross, but only a few of the memoirs are from his pen; friends and intimate acquaintances of the subjects have contributed to the material, and evidently with careful discrimination. The following table of contents will convey an idea of the bill of fare presented to the reader:

|                                        |                                      |
|----------------------------------------|--------------------------------------|
| Benjamin Rush, by Dr. Sam'l Jackson;   | Charles A. Luzenburg, by Dr. Thomas  |
| John Warren, by Dr. Buckminster        | A. Logan;                            |
| Brown;                                 | Joseph Hartshorne, by Dr. E. Harts-  |
| Caspar Wistar, by Dr. Caspar Morris;   | horne;                               |
| John Syng Dorsay, by Dr. S. D. Gross;  | Samuel George Morton, by Dr. Sanford |
| Samuel Bard, by Dr. James P. White;    | B. Hunt;                             |
| Ephraim McDowell, by Dr. S. D. Gross;  | John B. Beck, by Dr. C. R. Gilman;   |
| Samuel Brown, by Dr. R. LaRoche;       | Daniel Drake, by Dr. S. D. Gross;    |
| John D. Godman, by Dr. T. G. Rich-     | Nathaniel Chapman, by Dr. J. B. Bid- |
| ardson;                                | dle;                                 |
| Samuel Latham Mitchell, by Dr. John    | Lewis C. Beck, by Dr. Alden March;   |
| W. Francis;                            | Wm. E. Horner, by Wm. Horner, Esq.;  |
| David Hosack, by Dr. Alex. Eddy Ho-    | John Appleton Swett, by Dr. Austin   |
| sack;                                  | Flint;                               |
| Thos. C. James, by Dr. Caspar Morris;  | Elisha Bartlett, by Dr. Samuel Henry |
| Philip Syng Physick, by Dr. John Bell; | Dickson;                             |
| John Eberle, by Dr. Thos. D. Mitchell; | Morton Stille, by Dr. Samuel S. Hol- |
| William James McNeven, by Dr. John     | lingsworth;                          |
| W. Francis;                            | Theodric Romeyn Beck, by Dr. Frank   |
| James Thatcher, by Dr. N. S. Davis;    | H. Hamilton;                         |
| George McClellan, by Dr. J. H. B. Mc-  | John Collins Warren, by Dr. Edward   |
| Clellan;                               | Warren;                              |
| Jacob Randolph, by Dr. J. A. Meigs;    | Charles Frick, by Dr. Frank Donald-  |
| Amariah Brigham, by Dr. E. K. Hunt;    | son.                                 |

The volume is gotten up in most excellent style—beautiful printing, and illustrated with a handsomely executed engraving of the venerable Rush.

The editor, Dr. Gross, announces considerable material already on hand for the preparation of a new volume; and should the present meet with the favor of the profession, another volume will in due time be issued, containing the lives of such men as Edward Miller, Caldwell, Beaumont, Davidge, DeButts, J. P. Harrison, J. Kearney Rodgers, Dewees, Post, Power, S. M. Williams, J. K. Mitchell, Mütter, and Bellinger. We trust this additional volume will be speedily demanded.

For sale by Rickey & Carroll, Cincinnati. Price \$3.50.

## Editor's Table.

---

*The Meeting of the American Medical Association at Chicago Postponed.*—Just as we are going to press, we have received a note from Dr. Davis, chairman of the Committee of Arrangements, announcing that in view of the “*overwhelming war excitement* that pervades every part of the country, and at present absorbs every other topic,” it is deemed advisable to postpone the meeting of the American Medical Association, which was to have convened in the city of Chicago on the first Tuesday in June, 1861, for one year. In the present excited state of the whole country, it is very evident that the meeting in June must of necessity have proved a failure; and the profession of this State will heartily commend the wisdom of the action of the Committee of Arrangements.

---

*Intellectual Powers of Man.*—Introductory to a course of lectures on Physiology, some months ago, our friend Dr. McIlvaine, of Cincinnati, delivered a lecture on the “*Synoptical History of the Intellectual Powers of Man, and what he has accomplished by them; demonstrating, by comparison, his superiority over all other animals.*” This lecture was delivered in the Dental College edifice, to a large and interested audience; and we are pleased to have the privilege of perusing it again in this more permanent shape, which the author has kindly placed on our table. For want of time, we will not attempt its full notice; but the following extract will convey an idea of the style and scope of the Doctor in this effort:

It is not true, as some have imagined, that the inability of animals to speak is owing to a defect in their organization—the tongue of the monkey being as perfect as the tongue of the man. Campar says that the laryngeal pouch of the orang outang is the obstructing cause why it can not speak. Other philosophers, however, have not subscribed to this doctrine. Be that as it may, there are other monkeys that have not this impediment, and yet can not speak. That several animals have been taught to pronounce words, and repeat sentences, shows that the want of speech is not owing to any deficiency in their organization; but to make them conceive ideas which these words express, is beyond the power of art.

Language implies a train of thinking; and for this reason animals are incapable of speech. Though their external senses are not inferior to our own, their hearing, seeing, tasting, feeling, smelling, being more exalted in some than in ourselves, and notwithstanding some of them

possess locality and comparison, and even to some of them modern German philosophers have accorded the power of numbers to a certain extent, yet they are incapable of associating ideas, in which alone the essence of thought consists.

The possession of speech, then, corresponds to the more numerous, diversified, and exalted intellectual, moral, and social qualities of man, and is absolutely necessary for his development.

---

*Philosophy of Death by Chloroform.*—In a recent communication to the *American Medical Times*, Dr. Percy suggests that death is usually, if not always, produced by mechanical suffocation. In three cases which came under his observation within the past year, and which were upon the point of suffocation, all were promptly relieved by “depressing and bringing forward the tongue.” He says that Dr. Swinburne, of Albany, entertains the same view: “that death from inhalation of chloroform was in most instances caused by suffocation, owing to the tongue falling back, and preventing air from entering the lungs;” and, further, “that he had performed experiments on dogs, and *demonstrated it to be a fact.*” Surgeons of our acquaintance are in the habit of attending to this little mechanical trick for the relief of patients threatened with suffocation from the inhalation of chloroform; but we doubt if many who have observed this subject with much care will readily assent to this being more than one of the incidents of chloroformization.

---

*Death of Dr. E. J. Fountain, of Davenport, Iowa.*—Dr. Fountain recently died in the city of Davenport, Iowa, from the effects of a personal experiment with the chlorate of potash. It will be remembered that Dr. Fountain has recently been a very zealous advocate for the treatment of tubercular disease with large doses of the chlorate of potash. In an attempt to settle the question of the toxical effects of this remedy, he had been taking large doses himself—to the extent of an ounce at a dose, as is said; the effect was to establish gastro-intestinal inflammation, resulting in death. Dr. Fountain was only in his 33rd year, but he had already established for himself a wide and growing professional reputation. His death is a public loss.

---

*Cincinnati Summer School of Medicine.*—This institution commenced its regular Spring course with an unusual prospect for a successful session. Having completed one-half the term, however, it was found necessary to bring its exercises to an abrupt termination, on account of the state of excitement pervading the country. Neither



lecturers nor pupils could concentrate their attention upon the topics of study; and the proposition to adjourn the session met with mutual favor, under the circumstances.

---

*Successor to Dr. Meigs in the Jefferson Medical College, Philadelphia.* We learn from the *Philadelphia Reporter* that the Board of Trustees of the Jefferson Medical College have elected Dr. W. V. Keating, of Philadelphia, as Professor of Obstetrics, in place of Dr. Meigs, resigned.

---

*Vaccine Virus from Dr. Henry A. Martin.*—We have recently received a brief pamphlet reprint on the preservation of virus in capillary tubes, together with suggestions as to the most convenient mode of performing the operation, by Dr. Martin, of Roxbury, Mass. Dr. Martin has given a good deal of attention to this matter, and his views are worth observing. He thinks the virus is best, neatest, and most satisfactorily applied by making a few abrading scratches, not sufficient to more than cause a scanty serous moisture; apply the point of the charged quill to this surface, which dissolves the virus, and nothing more is necessary. This does not differ materially from the course we have long pursued as the most convenient. We have also received from Dr. Martin several specimens of virus—put up as crust, charged quills, and tubes. We must say the manner in which the Doctor puts up the virus for transportation by mail is exceedingly nice and reliable.

---

*The Medical College of Ohio.*—We learn that at a recent meeting of the Trustees of this institution Profs. Hibberd, O'Leary, and Reeve tendered their resignations, which were received, and the vacancies filled as follows: Prof. Graham transferred to the chair of *Materia Medica*; Prof. Lawson appointed to the chair of *Theory and Practice*; Dr. Armor, of Dayton, to the chair of *Institutes of Medicine*; and Dr. Comegys, Medical Chemistry and Physics. We are advised that Dr. Comegys does not accept his appointment.

---

*Palmer's Patent Leg and Arm.*—By reference to our advertising department it will be seen that Palmer, the great artificial leg and arm maker, has removed to his new quarters, No. 1609 Chesnut st., Philadelphia. We notice that the proper authorities have seen fit to extend his patent-right for seven years, the original period having expired. By the way, we notice that "Frank" has recently been in-

spired with the "frenzy," and in a stirring "Apostrophe to the Union" has shown that all his genius is not as "surgeon artist," but that he has a brave word for such as shall "rally around the old banner to save."

*The Sanitary Convention*, which adjourned last year to meet May 29th in this city, will in all probability not hold its annual meeting, owing to the distracted condition of our unhappy country. Dr. Edward Mead, of this city, one of the Committee of Arrangements, will give notice in due time to all the members of the Association, and the public at large.

*M. Forget*, the distinguished professor of the school of Strasburg, died, recently, of acute bronchitis.

---

## Special Contributions.

---

### The Animal Parasites of the Human Body.

AN ANNUAL REPORT BY C. A. HARTMANN, M.D., CLEVELAND, OHIO.

#### II. EPIZOA.

To this class belong, as a sub-order, the parasites penetrating through the skin, like the Guinea-worm; they are not properly entozoa, although they are usually included under that term.

1. *Scabies*.—Dr. Bielt has made a series of experiments at the St. Louis Hospital, Paris, to determine what will cure the itch in the shortest time. Of forty-one remedies employed, the following ointment produced a cure in the smallest number of days:  $\mathcal{R}$  sublimated sulphur, one ounce; subcarbonate of potash, half an ounce; hog's lard, four drachms. Apply morning and evening. For the destruction of the acarus, five ounces of recent grains of delphinium staphisagria are digested for twenty-four hours at a temperature of 100° in a sand-bath, with eight ounces of hog's lard, and the strained mass employed in friction.—*Belmont Med. Journ.*, Jan., 1860.

A quicker cure can be effected by a solution of corrosive sublimate and muriate of ammonia, half a drachm of each, in a pint of water, used as a wash morning and evening.

Fusel-oil is said to be of equal benefit with benzine against itch. A physician in Poland recommends the use of the soap, which has been used for the deodorization of whiskey. The soap itself helps to prevent the too rapid volatilization of the oil.—*Amer. Drugg. Circ.*, Aug., 1860, Suppl.

2. *Seven Years' Itch, Prairie-Itch, Missouri Mange*.—In reply to an inquiry about this affection, a number of communications have

been published in the *Amer. Druggist's Circular*, July, 1860, the substance of which will be found below. It appears to be the same disease that in this State is called *Ohio itch*; and if so, it is undoubtedly produced by a parasite. At least, Prof. Kirtland says so. I have myself not succeeded in finding any animals; but I have had evidence enough of the transmissibility of the affection from one person to others. The prairie-itch is different from the old-fashioned scabies in many of its characteristics, making its first appearance generally on the muscular portions of the body. The pimple is round and sharp at its apex, cone-shaped, and contains a clear, watery secretion. After the cuticle is removed by abrasion, or otherwise, it dries up and heals; and so they come and go. In persons of filthy habits, and who live on pork and poor diet, the eruption will to some extent become confluent, producing large patches. The usual irritation is present, but more intense at night, when the apparel is removed and the surface exposed to the atmosphere. In its early development, an ointment composed of one part of red precipitate, two of Venice turpentine, and one of lard, will be found very efficacious; but when the disease has been neglected, and the secretion assumes the character of pus, the simple sulphur ointment, colored light-brown with the subcarbonate of iron, and, if desired, perfumed, proves almost a specific.—*R. J. Marwin*, of Hastings, Minn.

The best remedy is plenty of Castile soap and water, followed by the free application of the unguentum sulphuris iodide.—*J.*, Galena, Ill.

Another correspondent recommends a solution of sulphuret of lime. Take: unslaked lime, three ounces; sublimed sulphur, six ounces; water, thirty fluid ounces. Slack the lime in a portion of the water, well heated, and rub the sulphur into a thorough paste with the balance. Mix and boil till the mixture assumes a deep yellow or reddish color, filter, and add water q. s. to make thirty fluid ounces. Bathe the body in water, and rub with coarse towel till in a pleasant glow, then apply the solution freely, allowing it to remain until it dries in a yellow coating on the body, then wash off and dress in clean clothes.—*P. & K.*, Richmond, Ind.

I have used Guisott's yellow dock and sarsaparilla with half an ounce of iodide of potassium, a wineglassful three times a day. Any other good preparation of sarsaparilla will do. Or take American sarsaparilla, two ounces; yellow dock, one ounce; burdock, one ounce; steep for twelve hours, boil half hour, or to one pint add half an ounce iod. potassii; take as above, and rub ungt. hydr. oxyd. on the worst spots three successive evenings. Then take half a gallon of wheat bran, boil half an hour in a gallon of water. When cool enough, bathe or wash the whole body in it, and repeat every third day. If wheat bran is not handy, use the *sapo viridis*, or "schmier-seife," over the eruption; leave it on the skin for a few minutes. If caused by animalculæ, the ointment may be best; if by impurity of the blood, the soap is preferable.—*F. H. Stuppy*, druggist, St. Joseph, Mo.

3. *Jigger, Chigoe, Chiggo, Chiggere, Chegæ, Cheque, Chique, Tick.*



*Pulex penetrans*, *Sarcopsylla penetrans*, etc. (*Chiquito*, in Spanish).—Some valuable information about this little-known insect has been furnished to the Medico-Chirurgical Society of San Francisco. Two of the reports are published in the *San Francisco Medical Press*, Apr., 1860, and from them we gather what follows. Dr. J. Rowel states that the parasite commonly called jigger abounds in Central America, the West India islands, Texas, and some other States of the Union. The insect, which, when newly born, is invisible to the unaided eye, penetrates the human skin, where it feasts and fattens in safety, and grows to an enormous size, compared with its former proportions. A most dangerous quality of it is its faculty of propagation, by which it literally fills the unfortunate victim with a numerous family of jiggers, causing the most intense irritation, inflammation, and swelling. "I have seen the natives of Central America crippled for life; their lower extremities distorted with the most hideous deformity, and alive with jiggers of all ages and sizes. Nothing but amputation affords any relief in this stage of this distressing malady."

One of these parasites, at least one-fourth of an inch in thickness, about an inch and a quarter in length, and tapering at each extremity, like the finished end of a cigar, was taken from the thigh of a laborer in San Francisco, about six months subsequent to his working on the Panama railroad, where he was supposed to have contracted the insect. The part was swollen and inflamed, and appeared externally like an ordinary boil. The insect lay encysted just beneath and perpendicular to the surface; it was carefully removed with the cyst, which latter is said to contain the ovaria; and these, if left behind, would soon be hatched into a numerous family, more dangerous than the parent stock.

A second instance occurred in a drayman, who complained of a burning pain on the surface of the epigastric region, shortly after cutting wood in the neighborhood of Lone Mountain Cemetery, near San Francisco. The affected part proved painful to pressure, and exhibited a bright areola extending some two inches around a central puncture, like a bee-sting. Under the supposition that this was merely the bite of some poisonous insect, the patient was directed to paint it with tincture of iodine. Twenty days subsequently, the man complained of a similar pain on the back, nearer the lower dorsal vertebrae. This presented the same appearance as the former, without the puncture in the centre. On pressing, it gave to the finger a slight sense of fluctuation, and a burning, lancinating pain to the patient. This burning, itching pain had been present during the last twenty days; and in the same time the redness and swelling had moved once and a half around the patient's body. A puncture through the skin, in the centre and left portion of the swollen part, followed by pressure on either side of the opening, brought forth a live jigger, one-fourth of an inch in thickness, and three-fourths of an inch in length. It was not encysted. This is the first California jigger met with. In its habits it appears to differ from the Central American, being migratory. The wood-cuts accompanying the report, and which are said to give a perfect idea of the size and appearance of the two jiggers,

show, however, that both are of the same species, having exactly the same form and marks (about twelve dark-colored transverse stripes); their history also is in favor of the idea that the smaller, not encysted, animal is only a younger individual, not fully developed.

The editor of the *San Francisco Medical Press* adds to the report some supplementary remarks. From all we can learn, says he, the jigger varies in shape and size very greatly. It has been removed in some instances in a shape almost round, of a black color, and having many legs. The moving jigger is always found much larger than the one which remains stationary.

One of the specimens mentioned has been transferred to the museum of the Pacific Clinical Infirmary; but a minute examination and anatomical description seems not to be thought of.

Another part of the history of this parasite is supplied by Dr. J. Haine, who, singularly enough, in all the cases that came under his observation never found anything but cysts and eggs, although he was a sufferer himself.

In 1849, being about fifteen days from Callao, on board a ship bound for San Francisco, one of the passengers complained of a painful itching at the bottom of his foot, near the big toe. A dark blue round spot was there, about three inches in diameter; no swelling or redness around it. On being opened, a drop of brown liquid came out, and, after a little pressure, a kind of reddish semi-transparent pouch, as big as a sweet pea. This pouch bursted, and little eggs, similar to those of the fly, came out in a great quantity. Some of the sailors pronounced the thing a jigger, and advised to put immediately cigar ashes in the wound, or the man would lose his leg. Instead of that, nitrate of silver was used. In three days the patient complained again of severe pain; on opening the wound and applying pressure, another quantity of eggs came out, and two or three days after some more. The wound was each time cauterized, and healed up the third time. Several other passengers, on examining their feet, found themselves also in the possession of jigger's eggs, which were destroyed by the same process. Two had them on the big toe, right under the nail.

Returning from Europe, in 1854, Dr. Haine crossed the Isthmus of Nicaragua. Two months afterwards he felt for a few days an itching sensation on his great toe, and discovered a black spot, similar to that of the jigger, without swelling or redness. He tried to extract the pouch without bursting it, but in vain. Plenty of eggs were visible, held together by a sort of mucous liquid. Pressing until he thought to have seen the last of them, he cauterized the wound thoroughly. Next day the toe was somewhat swollen, and a slight suppuration had taken place; through pressure, several more eggs came out. For three days a sensation of burning was felt, combined with redness and swelling of the toe. The Doctor cauterized every day; finally, the wound healed. There had been over four hundred eggs in it.

A little girl, who had accompanied her father to the Nicaragua Walker expedition, complained, on her return, of sore feet. She had black spots on the soles, all of which covered large quantities of eggs.

About fifty of these spots were opened, not only at the bottom of the feet, but on and between the toes, and several on the legs.

It has been tried to keep the eggs on velvet, under a glass in a warm place, to hatch them out, but they dried up.

It will be readily seen that, in spite of all this information, there are yet a good many points in the history of this little creature which require elucidation. As the physicians of California appear, from the foregoing reports, to have not unfrequently an opportunity of observing the parasite in its natural state, we may justly look to them for some further facts respecting it.

4. *Filaria Medinensis*; *Dracunculus*; *Guinea Worm*.—A patient suffering from this parasite has been treated at the Seaman's Hospital, New York, and we have a full report of the case from the pen of the house-physician, Dr. C. E. Leverance. The man was admitted June 11th, 1860. He had been in Morocco six years ago, traveling there for nearly a month with uncovered feet, and sleeping on the ground; since August, 1854, he had not left his native country, the United States. About four weeks previous to admission, while "before the mast," en route from New Orleans to New York, he observed a swelling below the right external malleolus, attended with slight itching, and gradually extending. After admission this swelling was found to extend from around the right ankle nearly to the knee. It was quite dark colored, and attended with intolerable itching throughout the day. From 6 or 7 o'clock in the evening until daylight, the patient was kept awake by a tormenting jerking pain, as if the bone was being gnawed off. On June 17th, about two inches above the malleolus, a vesicle was punctured at the apex of what appeared to be a body, when, with the semi-transparent serous discharge, in quantity perhaps half a drachm, the loop of a dracunculus was observed protruding fully an inch. Resort being had immediately to Dr. Livingstone's method, to-wit, the roller compress and adhesive straps, in forty-eight hours the head, together with half a yard of the body, was extracted. The patient being alone when the head appeared, and being anxious to remove it himself, applied too much force, and broke the body, leaving a portion of unknown length hidden in the tissues. Inflammation and pain followed, increasing for several days. Lines of livid red, one-fourth of an inch wide, extended around and across the leg, and half the distance from the knee to the hip. These gradually subsided, the swelling and pain diminished day by day, and after considerable suppuration the wound healed. On the first of August the patient could be discharged.—*Amer. Med. Times*, Sept. 6th, 1860.

In closing this report, the remark may not be amiss that, with the many interesting and important facts given, there is still much room for improvement. Great progress has been made, during the last years, in our knowledge of many of the animal parasites infesting our own body; we ought, however, to know a great deal more about them, and careful investigations on this continent can not too earnestly be solicited.



## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

### PRACTICAL MEDICINE.

1. *Tannate of Quinia in Nocturnal Sweats*.—After numerous experiments with the different preparations of bark in the treatment of the colliquative sweats, which occur during sleep in phthisis and other diseases, Dr. Delionx, chief of the French naval surgeons, considers the tannate of quinia, introduced by Barreswil, the most appropriate remedy in this affection. He administers it in two or three doses of six or eight grains during the afternoon.—*Journ. Mat. Med.*, from *L'Union Médéc.*

2. *Acetic Acid in Erysipelas*.—Dr. Wm. Hauser regards erysipelas as the result of a super-alkaline condition of the system, and thinks acetic acid the appropriate remedy. He considers the benefits following the use of the muriated tincture of iron mainly due to the acid character of the medicine.—*Atlanta Med. and Surg. Journ.*

3. *Incontinence of Urine*.—After observing the effects of belladonna in this disorder, Dr. A. F. Pattee, of West Amesbury, Mass., was induced to try the more powerful atropine, and prescribed it in thirty cases, four of which were of long standing, and had been under treatment for a long time. All were perfectly cured, in a period of from six to fifty days. One-fortieth of a grain was given three times a day to adults in solution (atropine, one grain; distilled water, five ounces; acetic acid, six drops; dose, one drachm), until the usual symptoms of belladonna appeared. The doses are increased or decreased, as occasion requires. For children they must be graduated in proportion to their ages. Previously to the administration of the remedy, all irregularities of the alimentary canal ought to be corrected, so far as possible. If there is tenderness of some dorsal or lumbar vertebræ, some stimulating liniment may be rubbed over them twice daily.—*Journ. Mat. Med.*

Three obstinate cases of this disease have been treated by Prof. Gross, in the Philadelphia Hospital, by applying the actual cautery to the lumbar region of the spine, dressing the cauterized parts first with cold water, afterwards with an emollient poultice, and maintaining, after the throwing off of the eschar, a free discharge by the occasional use of savine cerate. A marked success followed this treatment, an almost perfect cure being obtained in every case.—*North Amer. Med.-Chir. Review.*

4. *Alum Injections in Hæmaturia*.—Finding gallic acid, opium, and other remedies entirely failing, in a case of hæmaturia, Dr. E. T. Blackwell ordered the bladder to be injected with a weak solution of

alum, at first tepid, afterwards entirely cold. The effect was happy and rapid.—*Med. and Surg. Reporter*.

5. *Treatment of Traumatic Tetanus*.—Dr. B. B. Carpenter, Suffolk county, New York, published, in 1833, two cases which he had successfully treated by the application of ice to the spine. Since then he has treated fourteen more cases the same way, and with the same result, except in one instance.—*N. Y. Journ. of Med.*

A very acute case is specified by Dr. H. Caruthers, of Tarrytown, (*Detroit Med. Journ.*) which was combined with complete opisthotonus. He resorted to equal parts of chloroform and ether, to relax the spasms, combined with injections with assafoetida, and stimulants with beef tea. Relief of all spasms in four days.—*N. Y. Medical Press*, March 12.

In the *Nashville Journ. of Med. and Surg.*, for May, it is stated that in tetanus and chorea, when the spasms are very violent, a third of a grain of morphine, injected beneath the skin, will serve as a valuable palliative, producing sleep and rest for some hours.

6. *Treatment of Scarlet Fever*.—Ammonia is looked upon by Dr. Witt as a specific in scarlatina and measles. Dr. Peart, who introduced the remedy, did not lose one patient out of three hundred; Dr. Wilkinson followed him, and lost not a single case during seventeen years. The same success was experienced by Dr. Ricardo, for a period of fourteen years. The dose is from three to seven grains every hour for the first twenty-four hours, and every second hour for the next day. All acid drinks are carefully avoided.—*Journ. Mat. Med.*, from *Med. Times and Gaz.*

In twenty-five successive cases under the care of Prof. J. W. Benson, the treatment consisted in incision of the parotid and submaxillary regions by an ointment composed of fifteen grains of the extract of belladonna to an ounce of simple ointment. This was applied freely and frequently, as soon as the patient complained of sore throat. A piece of flannel was afterwards applied, but no other treatment adopted, except the administration of neutral mixture during the day.—*Louisville Med. News*, January.

Prof. H. L. Byrd relies principally upon the muriated tincture of iron, recommended by him five years ago in the *Charl. Med. Journ. and Review*. After proper evacuation of the bowels, the entire surface is sponged with tepid water and vinegar, in order to reduce the force of the circulation. At the same time the tinct. veratri viridis and chlorate of potass. are administered internally, in appropriate doses. As soon as the skin is soft, and the stomach not irritable, the tincture of iron is commenced with, four drops to a child of two years, and two drops more for each additional year, given in mucilage of gum arabic. Locally, nitrate of silver and a solution with chloride of soda or lime.—*Oglethorpe Med. and Surg. Journ.*

Dr. O. C. Gibbs, of Frewsburg, N. Y., remarks on this, in the *Amer. Med. Monthly*, that he commenced several years ago to use quinine, Dover's powder, and chlorate of potass. (with tannin or rhubarb, according to the state of the bowels), and nitrate of silver

locally. "The results were so satisfactory that we have never since materially deviated from this treatment."

Dr. Gebhard speaks (*Med. and Surg. Reporter*, March 3) very highly of digitalis in scarlet fever. For the last five years, during which he used this remedy, he lost but one case, and in that the remedy was brought to bear quite too late. He orders forty grains of digitalis in forty teaspoonfuls of hot water, for a patient of from four to six years old; when cool, a teaspoonful is to be taken every hour, until the entire abatement of all the symptoms.

Iodine is recommended for the treatment of scarlatinous angina, in the following form: Iodide of potassium, one grain; iodine, one-tenth grain; chlorate of potassa, four grains; nitrate of potassa, six grains; aqueous solution of potash, four grains; water, two hundred and forty grains. One or two tablespoonfuls to be taken every four hours.—*Gaz. Médic. de Lyons; Journ. Mat. Med.*

---

### SURGICAL.

7. *A Fracture of the Ulna*, at the carpal extremity, with displacement of the pisiform bone, requiring extirpation of the latter, is reported by Dr. J. H. Faris, of Danville, Ill. At first the swelling was not excessive,—crepitus evident, deformity quite apparent; but little pain. The patient, a lady, had been raising a window and the sash fell down, striking the ulnar half of the wrist joint. A dressing for simple fracture (nothing further at the time being suspected), with other appropriate applications, did not prevent a rapid darting pain in the course of the ulnar and median nerve. It commenced a few hours after the injury was inflicted, and soon extended to the brachial plexus. When the hand, liberated from the bandages, was flexed forward, this pain ceased; when backwards, the pain became excessive. No unusual depression or prominence could be discovered, no external wound, not even an abrasion. The patient suffered the most excruciating pain, with scarcely a moment's rest; all remedies that could be thought of proving unavailing against it. In six weeks the constitution sympathized to an alarming extent: there was loss of rest and appetite, morosity of temper, commencing atrophy of the whole arm. The little and ring fingers became almost useless, shriveled, cold, insensible to the prick of a pin. Circulation in the radial artery not affected; the ulna could not be found. On a closer examination, the pisiform bone proved the source of all this, being displaced and resting upon the neck of the ulna. An operation for its removal was thought of, but nothing done until nearly six months after the receiving of the lesion. During this long interval the patient was reduced to an alarming extent, each day telling the story of increasing constitutional debility, nervous irritability, and their usual attendants. When, finally, the operation was agreed on, Dr. Faris inserted the knife two inches above the wrist, a little to the ulnar side of the tendon of the flexor carpi ulnaris, carrying it towards the radius and down to the wrist joint in a semi-lunar direction, and terminating the incision on the ulnar side of the same tendon, above the original



position of the pisiform bone. On turning the flaps inwards, and removing the fascia with the subcutaneous tissue, the bone was found three-fourths of an inch above its natural position, firmly adhering to the inner side of the styloid process, and other surrounding structures. The tendons being separated by blunt hooks, a careful dissection revealed the artery presenting a well marked crescent, evidently caused by being turned out its course by the bone pressing against it. The articular facet of the bone was downwards, and the nerve passing between its centre and the ulna. In the efforts to evulse it with the forceps, the bone, being carious, was crushed, and had to be taken out in several pieces. With a simple dressing, the incision healed by first intention. The pain along the nervous track became less and less every day, until it finally disappeared. The patient continually improved, and nothing remained but a stiffness of the shoulder-joints, and some degree of atrophy in the ulnar half of the hand; but, in the patient's own language, a few months after the operation, "she can not bear to have pins stuck in her fingers, and can carry as much wood and water with the injured hand as with the other."—*Chicago Med. Journal*.

8. *Fracture of both Femurs by Muscular Spasm*.—Dr. F. T. Lente publishes the details of an occurrence of this kind in a boy aged 12 years, who had been suffering from epilepsy since he was fifteen months old. The attacks constantly increased in violence, although occasionally an interval of several weeks intervened. The intellect of the child, his power of speech, and his locomotive power, became destroyed, and for years his right side was paralyzed. He at first could stand upright and move around in an irregular manner; as he grew older his feet became clubbed, and for a long time he was not able to stand at all. One day, when the spasms recurred every few minutes with great violence, a loud snap was heard, and, upon examination, the left femur was found to be fractured at the junction of its upper with the middle third. It was stated by those present, that at the instant of the occurrence the thigh was flexed with great force by the intensity of the spasm, and the fracture was evidently effected by the powerful action of the flexor muscles. The injury was dressed in such a way as to secure union with the least possible inconvenience to the patient, with little regard to shortening. The fractured bones consequently united with considerable bowing and shortening. Eight months afterwards the right femur was fractured in precisely the same manner, during a spasm. Since then the patient's health gradually failed, and he died a few weeks later, from exhaustion. No autopsy could be procured.—*Amer. Med. Times*.

9. *Side Splints in Imperfectly United Fracture*.—Among a report of several surgical cases, by Dr. G. K. Amerman, of Chicago, there is one case of oblique fracture of both bones of the leg, in a native of Wales, 27 years old, which fracture had been properly reduced and attended to. Seven weeks from the receipt of the injury, all the dressings were removed and the patient directed to use his limb as much as possible. Following this advice, the man found in three

weeks more the limb greatly swollen, with an outward curvature of considerable angularity at the point of fracture, and the foot rotated inward. Any attempt to use the extremity resulted in severe pain at the injured spot. The union was evidently too imperfect to support the weight of the bone. The patient, in this condition, applied for admittance to the Chicago City Hospital. The limb was there dressed with a roller bandage from the toes to the knee, two well-padded side splints, and a second roller, applied rather tightly over the whole. Readjusting the dressing weekly, while the patient was kept at perfect rest, made in four weeks the limb perfectly straight, and the union much more firm. A starch bandage was now applied, with pasteboard splints, and the patient allowed to go about on crutches. In three weeks more he could be discharged cured.—*Chic. Med. Journ.*

10. *Remarks on the Treatment of Fractures.*—Dr. D. G. Smith, of Springfield, Mass., in reviewing all the cases of fractures that occurred in his private practice, has arrived at the following conclusions in reference to the treatment of these injuries. The self-evident principles that should be kept in mind during the treatment of any and all fractures, are:

1. When the principal bone of a limb is broken, apply externally apparatus that shall, like the shell of the crustacea, afford external support without impairing the functions or seriously inconveniencing the tissues of the limb.

2. When extension and counter-extension are required, keep the limb at its normal length by the friction of, as large as possible, parallel surfaces, and not by a dead push perpendicular to the skin and underlying surface.

3. The limb should be so situated as to afford every facility to the surgeon for examining the seat of fracture without the least danger of disturbing the uniting surfaces.

4. In order to preserve perfect immobility of fractured surfaces, the splints should not be very heavy, neither immovably fastened, but should be free to move with the rest of the body.

5. The fractured limb should be so disposed of that there may be as little interference as possible with the healthy performance of all the functions of organic life.

6. When the fracture is properly adjusted, there should be as little need as possible of readjustment.

7. The failure of ossific union arises from constitutional causes—for instance, the withholding of a stimulant the patient is accustomed to. A healthy, robust man, of perfectly temperate habits, may, from long confinement and the drain of profuse suppuration, suffer from the absence of his accustomed fresh air, sun-light, and exercise. Under such circumstances, there may not only be no improvement, but ligamentous union may occur, requiring to be removed or destroyed by an operation.

For fractures of the thigh the long splint of Desault is retained, of sufficient length to reach from below the heel to the crest of the ilium. The width of it should be four and a half inches throughout, for an adult; thickness, half an inch; it should be made of white pine, so

as to avoid great weight. A similar splint is placed upon the inside of the limb, reaching from beyond the heel to the perineum. A wooden bar, one foot long, two inches broad, and one inch thick, passes through the lower extremity of each splint in a mortise that allows of free motion. A stout iron rod is screwed on to the outer splint just opposite the perineum, and rising vertically for two inches above the splint, bends at a right angle and crosses the splint horizontally; the inner end of it, which will come just above the perineum, is intended for the point of attachment in front of the perineal band, the other end of this being attached to the outer surface of the long splint by means of a button or thumb-screw, a little lower than the upper extremity of it, so that it may exactly grasp the tuberosity of the ischium.

Clean wheat bran, enclosed in bags of cloth, makes the best pads, to be interposed between the splints and the limb. If there is reason to believe that the perineal band, which should be so placed as exactly to traverse the tuberosity of the ischium, will gall, strips of adhesive plaster extending down the thigh, kept in place by the pressure of the bran pads, and attached to the upper end of each splint, might be used as counter-auxiliaries to the counter-extending band. A belt should be passed around the body just below the crest of the ilium, and snugly and firmly buckled, so that, if need be, it may furnish some counter-extending force. The head of the outer splint is attached to this belt by means of a small strap passing through two holes in the splint. This strap can be tightened or loosened to suit circumstances. The splints should be attached to the limb by means of the string-bandages used in the New York Hospital, which, passing around the back and up the sides of the limb, are reflected back upon the splints, and, passing entirely around them, are tied in front; thus furnishing an easy sling support for the back of the limb, as well as a bandage of application. The bran pads may be made from fifteen to eighteen inches long, four and a half inches broad, two inches thick at one end, and tapering like a wedge to the other. When the splints are applied, by a little manipulation the pads can be easily shaped so as to exactly fill up any inequalities between the opposing surfaces.

Fractures, and especially compound ones, of the condyles of the femur, must be treated upon some form of the double-inclined plane, and be swung from the ceiling, or other point of suspension. Dr. L. H. Skinner's double-inclined-plane splint is an available contrivance for this purpose. Sufficient extension can be made by attaching the foot to the foot-board by a broad strip of adhesive plaster, extending from the knee down, around the foot-board, and up back to the knee upon the opposite side, and then inclining the suspending cords as far forwards as the patient will bear. By raising the foot of the bed three or four inches, and attaching weights to the foot of the splints by a cord passing over a pulley, we can relieve, to a very great degree, the perineum from any galling. The best method of preventing excoriation under the knee is to use "Watkin's improved splint," which is so arranged about the joint as to prevent undue



pressure, and also to make the motions of the knee and splint exactly coincide.

The dressing of a limb in accordance with these rules would be as follows: Draw under the limb eight or ten strips of strong muslin bandage seven feet long, arranged at equal distances from each other the whole length of the limb. Cut a strip of adhesive plaster, one and a half inches broad, and long enough to reach from the knee around under the sole and up to the knee again, leaving an inch loop below the sole. To the middle of this strip, upon its plaster surface, apply a wider strip, plaster to plaster, so that the strip may not adhere to the ankle or foot at all, but only to the leg. Then carefully bandaging the foot and ankle, apply the plaster strip on both sides of the limb under the bandage, taking care that the two sides are perfectly parallel. Place in the loop a bit of wood one and a half inches broad, and long enough to take off all pressure upon the ankle. The cross-bar of the splint should come about four inches below this. Now apply to the limb from the point of fracture upwards to the perineum on one side, and to the trochanter major on the other, adhesive strips three inches broad, with ends long enough to tie through auger-holes in the heads of the two splints. These are kept in place by the pressure of the bran pads, and *not by a roller bandage*. After throwing the outer ends of the bandages across the front of the limb, out of the way, apply an outer splint of length sufficient that its mortise for the cross-bar may be four inches below the loop of plaster, and its uppermost extremity just opposite the crest of the ilium. Apply carefully the bran pads so as to fill up inequalities. Apply the pelvis belt, perineal band, and iron cross-bar; tie tightly, through the holes made for that purpose, the upper ends of the counter-extending adhesive strips. After throwing the inner ends of the bandages across the front of the limb, apply the inner splint with its pads; run through the cross-bar, tie the upper ends of the counter-extending slip on the inside of the thigh; buckle on the tourniquet, and make gradual extension by it. After examining everything to make sure that the counter-extension is equally distributed, finish by drawing up the bandages, so that the back of the limb may be properly supported, reflecting their ends around the back, outside of the splints, crossing them behind and tying them in front. Splints can, of course, be applied to the back or front of the limb, if required, but their utility is questionable.

The adhesive plaster can either be used in the form of straps, as described, or be wound like a bandage around the splint and pad, so as to present an adhesive surface wherever the pad and limb touch. A cloth spread over the outer surface of the splints would prevent adhesion to the bed-clothes. This method of adapting the adhesive plaster is preferable in children or persons of great restlessness. To prevent any excoriation of the heel from its own weight, it would be well to place a wedge-shaped pad, filled with sand or bran, under the calf, extending to just above the heel. If there is reason to expect much discharge or bleeding, all the padding should be wrapped in oiled silk.

The apparatus here presented is capable of many modifications by which it may be made to suit the exigencies of any case. For instance, the inner splint may be made of unoled sole-leather, or gutta-percha, formed like the wooden one, but a little broader. The cross-bar with the tourniquet being made to rest wholly in the mortise of the outer splint, the inner splint, whether of gutta-percha, leather, or felt, can be most thoroughly adapted to all the inequalities of the limb, and then allowed to harden, before being used as a means of extension. After cushioning the upper extremity of the inner splint with as many thicknesses as need be of flannel, and placing the cross-bar only in the mortise, forming thereby an exact copy of Sir Astley Cooper's thigh splint, we can also adapt perfectly an outer splint of similar material. After dressing the limb with its two side-splints, we can apply to the skin of the anterior surface of the thigh and leg a piece of gutta-percha three or four inches wide, reaching from the last rib to the tip of the toes. Thorough moistening in hot water will render it so pliable that it will adapt itself very perfectly to the slightest inequalities of surface, and become an excellent anterior splint—an invaluable resource in case the side-splints become irksome, and can not be borne. Sole-leather and gutta-percha splints applied in this manner furnish, when perfectly fitting, strong and inflexible supports to the limb. They may be worn for weeks by the aged and infirm, without even a discoloring of the skin.

There are transverse fractures that require no extension, and again fractures near or into joints, complicated with laceration and straining of fibrous tissue, that will not bear and would not be benefitted by extension.

Oblique fractures of the tibia and fibula, requiring great force to bring them into place, may often be easily kept in it by a copper half-boot splint applied to the outside of the leg. A more preferable method is the following: If the fracture is easily reduced by flexion upon the thigh, remaining in place when placed upon its outer side and extension is removed, a thin board, about seven inches broad, projecting forwards at one end to support the foot, and backwards to be bandaged to the thigh, thickly padded with bran or cotton-wool so as to fit the outer side of the leg and foot, may be placed under the limb. After carefully adjusting the pads so that the spine of the tibia and the foot are in their natural position, there may be placed upon the now upper side of the lower third of the thigh, the whole of the leg and foot, a gutta-percha, or, better, a sole-leather splint, cut so as to encircle one-third of the circumference of knee-joint, leg and foot as far as to the extremities of the toes. If the attitude becomes wearisome, the limb can be placed upon its heel in a swing-cradle.

A good substitute for an elaborate fracture-bed has been suggested by Prof. Gilbert, of Philadelphia. Spread over the bed stout bed-ticking, with a hole in it to allow of the necessary evacuations. Attach the margins of this to a frame. The sheets can be placed upon this in the usual manner, except that two, meeting each other at the hole spoken of, had better be used instead of one. Any simple mechanism or mere manual power will suffice to raise the patient

upon this frame from the bed, to allow its being made up, and for other purposes. The frame might easily be arranged so as to be removed when not in use,—of course, leaving the ticking under the patient.

When the fracture of the clavicle in adult persons is attended with marked displacement, Dr. Crawford's adjuster for fractured clavicle will often prove of great advantage, if applied with care and judgment. The same instrument is of good service in fracture of the humerus, when it is found necessary to prevent all motion of the arm.  
—*American Medical Times*, No. 3-6.

## MATERIA MEDICA.

11. *Phellandrium Aquaticum*.—In a paper read before the Medical Society of the county of Essex, N. J., April 24th, 1860, Dr. C. Egrich points to the seeds of this plant (recommended in Europe repeatedly as a reliable remedy in consumption, and officinal in many of the continental pharmacopæias) as of great value in the treatment of various pulmonary affections. Their effort is limited almost exclusively to the mucous membrane of the respiratory system, but the action is so manifold as to render the arrangement of the remedy under a single definite class almost impossible. It belongs to the balsamacea as well as under the expectorantia. No special narcotic principle has been revealed by chemical analysis; yet there is, especially in larger doses, a decided sedative action upon the nervous system, which may be increased to narcotism. The seed not only favors secretion in dry cough, but also diminishes too copious expectoration and changes the purulent, thick, bad-smelling sputa into sputa cocta. In consequence of its sedative effects, it controls more or less the accelerated circulation and increases diuresis, giving to the urine the violet odor observed after the use of copaiba, combined with the characteristic odor of the bicuta family. The vertigo, heaviness of the head and symptoms of intoxication, ascribed by Burdock to the phellandrium, are not mentioned by other observers. It seems to act specifically upon the thoracic nerves, but never excites asthma, sneezing or emesis, as senega and scilla are apt to do. Meikea and Sandras pronounce the seed to be sedative and corroborative at the same time. All observations are in favor of the use of this remedy in the following affections: Dry excruciating cough in chronic bronchial catarrh, or purulent cough after bronchitis and pneumonia; suppressed expectorations, with sensation of oppression; hæmoptysis, tuberculous processes, and chronic asthma.

As it is, however, impossible that this remedy should always cover the whole complexity of symptoms, it is necessary to combine with it other medicines. In *phthisis florida*, with fever and accelerated pulse, pain in the chest, dry cough and hæmoptysis, its combination with digitalis, as an infusion, or in the form of powder, is the best. In the further advanced stages, where spasms of the chest occur with asthma, or dyspnœa and troublesome irritative cough, a combination with prussic acid is indicated best in the form of cyanuret of potass a



of which one grain in twenty-four hours is generally sufficient. Where the expectoration becomes profuse and exhausting, where night-sweats and diarrhoea occur, and the expectoration appears thin, iron ought to be added to the phellandrium. *Ferrum carbonicum saccharatum* is for this conjunction the most reliable preparation. If in consequence of partial paralysis, generally proceeding from the medulla oblongata, the bronchial secretions cannot be thrown off, and therefore an energetic stimulation of the expectorative process is demanded, the seed may be given with chloric ether. In phthisis, after suppressed cutaneous eruptions, the combination with dulcamara is a good one. In abdominal congestion (hæmorrhoids, etc.) sulphur or cortex Frangulæ may be joined to the phellandrium in infusion. In bronchitis, the forerunner and companion of phthisis, it can be associated with sal ammoniac and *sulphur auratum antimonie*; and in phthisis trachealis, with sulphuret of arsenic, as recommended by Massart, Trousseau, Garren (*Bull. Therap.*, June, 1852) and Newmann. —*Medical and Surg. Rep.*

C. Tronfield, Jr., who wrote an inaugural essay on this plant, and made the most recent chemical analysis of the seed, thinks the effect of the phellandrium referable to an alkaline principle, analogous if not identical with conia. He enumerates the medical properties of the seed as aperient, diuretic, emmenagogue, expectorant, sedative and narcotic. Dose, from three to five grains in substance.—*Amer. Journ. of Pharm.*

This dose is rather small; from ten to twenty grains can be given several times a day, and gradually increased to a drachm. Besides the powdered seeds, the infusion is popular with European physicians, and pills, boluses or electuaries may be prepared with it. The ethereal oil of the seeds has been recommended as an embrocation (one drachm of it mixed with an ounce of olive oil) in whooping-cough. An alcoholic extract and a tincture is mentioned in the *United States Dispensatory*.

12. *Quinio, a crude Quinine*.—Batka states (*Chem. Centr.-Bl.*) that under the name of "quinio" a product of cinchona bark is known in Brazil, prepared from the fresh bark, by the aid of lime and alcohol. It is very rich in quinine, and yields the crystalized sulphate by boiling with dilute sulphuric acid. It is a yellow, resinous-looking substance, insoluble in cold water, but very soluble in alcohol and ether.—*Journ. de Pharm.; Amer. Journ. of Pharm.*

13. *Action of Sulphate of Quinine*.—Referring to a paper previously read before the Chicago Academy of Medical Sciences, the president of that association, Dr. R. C. Hamill, has called again attention to all the pretended virtues of the sulphate of quinine. While admiring its well established anti-periodic and stimulating qualities, he denies it all tonic property, and insists on a more judicial administration, even in intermittent fever. It may be safely given during the intermission of the paroxysms, provided the skin is perspiring and the tongue moist. Under the same condition, it is undoubtedly useful in periodic neuralgia, while, when given shortly before the expected chill, or when the tongue

and skin are dry, it will increase the violence of the attack, adding the exaltation naturally following it to the febrile excitement, thus giving rise to a most intolerable, bursting headache, and frequently to dangerous typhoid discharges from the bowels. If under such circumstances the next paroxysm is arrested, the recovery is not perfect, the organism does not rally to its normal state with its usual elasticity, and the fever will often assume a low and continued type. Believing then, that, judiciously exhibited, the sulphate of quinine will develope, as its great cardinal virtue, an anti-periodic (not anti-malarious) power, and that it is also a stimulant, though of his own kind, acting on the nerves and on the absorbents of the stomach, thereby aiding the powers of assimilation and nutrition, Dr. Hamill denies its supposed action on the liver, as well as its presumed tonic property, refuting the idea that it enters the circulation and supplies the wanting taurine in the blood. What the sulphate certainly does, is an arrest of the diminution of uric acid by the kidneys; but the proof is wanting, that such a result favors recovery in all the numerous functional obliquities against which this powerful agent has been recommended; it looks rather as if most of the secondary forms of disease following exanthemata and other forms of fever, had their origin in the uncalled for supply of the drug.—*Chicago Medical Journal*.

14. *Coal-tar and Carbolic Acid*.—Coal-tar being on a fair way to acquire a good reputation as a remedial agent, in the form of Demeaux and Corne's disinfecting paste, Dr. C. Calvert has investigated the antiseptic properties of this new remedy and found it varying enormously in its composition. Thus the tar obtained from Newcastle coal presents, as a very preponderating ingredient, naphthalin, that from Boghead coal paraffin, the produce of Wigan cannel coal neutral carbide of hydrogen, with naphthalin and carbolic acid, and coal-tar from Staffordshire a little more naphthalin, but less of the carbide and acid. Numerous experiments show that all these ingredients have very little antiseptic power, except the carbolic acid, which has that power in the highest degree. Subjects injected with a weak solution of this acid are preserved during many weeks; a piece of horse-flesh dipped in the acid and exposed to the vicissitudes of the seasons, was preserved more than three years without decomposition. The one-thousandth part of carbolic acid added, during the summer, to urine, preserves it fresh for three or four weeks, and the skins of animals rubbed internally with the acid are preserved from vermin for many years.

15. *Chlorodyne*, invented in 1848, by Dr. Browne, was introduced by him as a combination of perchloric acid, with a new alkaloid. According to Dr. Ogden it may be prepared as follows: Chloroform, six drachms; tincture of capsicum, half a drachm; oil of peppermint, three drops; muriate of morphia, eight grains; perchloric acid, twenty drops; Steele's hydrocyanic acid, twelve drops; tincture of Indian hemp, one drachm; treacle, one drachm. Dissolve the morphia in the perchloric acid, then add the tincture of hemp, capsicum, peppermint, chloroform, and lastly, the treacle and prussic acid. The result is a volatile liquid, of a dark-brown color, with a pungent smell and

taste, soluble in alcohol, not in water. It may, however, be administered in water by suspending it in a little mucilage. The alkalies and alkaline salts decompose it.

Chlorodyne is anodyne, sedative, diaphoretic, astringent, antispasmodic, diuretic, etc. It does not produce headache, giddiness, prostration of strength, nor stupor; but in large doses, and from a constipated state of the bowels, it is liable to induce nausea, which in the former case may be relieved by a small dose of sal volatile, and in the latter by aperients. The first effect is a gentle heat at the stomach, followed by a general glow and total absence of pain; second, a calm and refreshing sleep, and third, an increase in the pulse. Dr. Stonehouse employed this new remedy in twelve cases of phthisis, two being in the third stage, two bordering on it and the remaining eight in the process of softening. Hæmoptysis was a prominent symptom in five of these. All of them have done or are doing exceedingly well: five have quite recovered; the others are, with one exception, in a fair way towards recovery. The dose must be regulated according to the nature of the complaint: as an anodyne for febrile, inflammatory or neuralgic affections, from ten to thirty drops; diaphoretic, in coughs, colds, etc., ten to twenty drops: sedative in consumption, etc., twenty to fifty drops; antispasmodic in gout, rheumatism, etc., twenty to forty drops; astringent in cholera, diarrhœa, etc., fifty to one hundred drops: in all these cases given at intervals from half an hour to four hours. It is best administered on lump sugar.—*Chemist and Druggist*.

16. *Syrup of Lactucarium* is usually made in accordance with Aubergier's prescription, by dissolving thirty parts of the alcoholic extract of lactucarium in five hundred parts of boiling water, straining the liquor and adding it to fifteen thousand parts of boiling simple syrup, which is kept boiling, and albuminous water added from time to time till it is clarified; it is then skimmed and fifteen parts of citric acid dissolved in it, and when sufficiently reduced by evaporation, five hundred parts orange-flower water are added and the whole strained. This syrup is too dilute, containing but two grains of lactucarium to the fluid ounce, and besides is troublesome to make, and apt to be turbid. A transparent syrup of four times the strength, can be obtained much more easily by Finley's process: *R.* Lactucarium, half an ounce; carbonate of magnesia, two drachms; sugar, in coarse powder, fourteen ounces; alcohol and water, of each a sufficient quantity. Rub the lactucarium with the magnesia and an ounce of sugar until thoroughly reduced to powder, and then with a fluid ounce of alcohol; after which pour in water with constant stirring until half a pint has been added. The whole is now poured into a paper filter, and after the liquid has ceased to pass, pour on more water until a pint has been obtained. Evaporate this liquid to nine fluid ounces, by a moderate heat (150° Fahr.), add the remainder of the sugar, and by the aid of heat form a syrup which should, when finished, measure a pint. Each teaspoonful contains nearly two grains of lactucarium, a fluid ounce about fifteen grains. Slightly modified,



the same process may be used in preparing the syrups of cayenne pepper, balsam of Peru, and several other substances.—*Amer. Journ. of Pharmacy.*

---

## OBSTETRICAL.

17. *On the Difficulty of Diagnosis between Pregnancy and Tumors of the Abdomen.*—Dr. Robert C. Croft, of Edinburgh, makes a few remarks in the *London Lancet*, illustrating them with a case. A woman, aged forty-two, and who had been married nineteen years without ever becoming pregnant, had been struck six years ago in the right lumbar region by the pole of an omnibus, from which injury she had been suffering more or less ever since. Two years ago she was injured again in the right groin. When the author was requested to see her, she believed herself enciente and was suffering from distressing sickness. Six months previous she had a peculiar sensation in the region of the uterus. The catamenia had been regular until two months ago, when they ceased entirely. The breasts were full and painful, and there was a tumor in the lower part of the abdomen. At the next visit the woman was in bed, her countenance pale and anxious, breasts full and tense, tender to the touch, containing milk which could be extracted; nipples large and sore; areolæ raised and darkened; abdomen tense and tympanitic. Just above the symphysis a hard substance, the size of an orange, nearly in the middle line of the abdomen, but inclined to the *right* side. No discharge from the vagina. On auscultation, a peculiar whirring sound was heard, like the placental murmur, on the *right* side above the symphysis. From this time for three weeks no pain save in the breasts and nipples; the sickness constant, relieved only by ice. After a time the sickness abated and food could be taken. At the next menstrual period, violent uterine pains for three days; no discharge; the tumor increased in size and higher in the abdomen. But slight changes for some five weeks. Kiesteine was detected on every examination of the urine. Now a profuse spontaneous salivation came on. An examination per vaginam showed the cervix uteri shortened, the os opened, the lips puffy and swollen. On pressing upward with the finger, behind the symphysis, a hard substance was felt, very much resembling the head of a child at a late period of gestation. The pulsation of the foetal heart could not be detected.

December 17th.—Condition pretty much the same. Tumor occupying the whole upper portion of the right half of the abdomen, as high as the ribs, and extending deeply into the lumbar region. On pressure, a substance like the gravid womb was felt, and in it a distinct movement as of a foetus. With the stethoscope, the peculiar sound was heard as before, with a cooing as of a dove. A little higher up, the foetal heart was heard distinctly. Being now certain of pregnancy, the nurse was directed to rub the tumor gently night and morning with liniment of iodide of potassium.

By the first of the succeeding March the patient was still vomiting freely; the abdomen large, tense, dull on percussion, the umbilicus prominent, the ensiform cartilage pressed out; the abdomen measuring

forty-two inches round. When a contraction of the uterus occurred, the tumor was very apparent.

Delivery took place, after a severe labor, May 10th. The placenta having been removed, a large firm mass was felt, seeming to occupy nearly the whole of the abdomen, and extending crosswise from the left ilium to the ribs on the opposite side. By firm pressure, the greater portion of the tumor sunk into the pelvis, leaving a large round hard ball loose in the abdomen. It was evident that the womb had been distended by a quantity of effused blood. From this time all went well, the tumor remaining about the size of a large cricket-ball, seemingly attached by a very small pedicle.—*North Amer. Med. Chir. Review, May.*

18. *Chloroform in Diagnosis of Spurious Pregnancy.*—Prof. Simpson found chloroform an excellent auxiliary for the diagnosis of what he calls phantom tumefaction of the abdomen—an affection often assuming all the symptoms of pregnancy. The abdomen looks like that of a pregnant woman, but with an appearance of unusual constriction around the lower edge of the ribs. Under the influence of chloroform the muscles are drawn in and the abdomen flattens, until it assumes its proper size, or even becomes depressed and relaxed like the abdomen after delivery. As soon as the effect of the anæsthetic is passing off in such a case of spurious pregnancy, the muscles begin to arch up and become tense as before.—*Ranking's Abstract, from Medical Times and Gazette.*

19. *The Streaks on the Abdomen of Pregnant Women.*—Dr. Crede, of Berlin, has established (*Monatschr. f. Geburtsh. and Frauenkrankh.*) the following propositions: 1. The streaks exist in a great majority of pregnant women, but appear very seldom during the first half of pregnancy, frequently not until the last month. 2. Soon after delivery they grow gradually less evident, although they never entirely disappear. 3. Sometimes not a trace of these streaks are to be found even with repeated pregnancies. 4. They may appear for the first time at the second or third pregnancy, or else new streaks are added to the old ones. 5. They may exist without pregnancy, in consequence of whatever produces a rapid and considerable extension of the skin (dropsy, etc.). 6. Similar streaks may occasionally be found on the breast, thighs, buttocks, calves of the legs, etc.—*L. Elsbarg, M.D. (Ohio Med. and Surg. Journ.)*

20. *Occlusion of the Vagina, Exostosis, Forcible Delivery and Death.*—Dr. G. W. Phillips, of Dixon, Illinois, reports a very complicated case of delivery, proving fatal without any apparent cause. During the first labor, eighteen months ago, a protuberance from the promontory protracted parturition for five days. The child was with difficulty delivered after the performance of craniotomy. The danger of adhesion, in consequence of sloughing of the vagina walls, was at that time pointed out, but all treatment refused. After the second labor had been progressing for twelve hours, with regular pains, there was found two inches within the vagina a firm fold or band, with an opening scarcely admitting the finger. This opening, however, dilated

somewhat under the influence of the pains, though not sufficiently to permit the delivery of the child. The head coming to press on the stricture, the latter was divided, and the head thus allowed to advance. But before it passed the superior strait, the pains decreased, after a duration of about twenty-four hours. The uterus was now found to be tilted to the right and kept there by the exostosis. Ergot produced stronger pains; the head engaged in the inferior strait, requiring a second division of the adhesion. Soon, however, the symptoms of exhaustion became more and more evident, and the pains ceased. The child's death being indicated by a number of symptoms, craniotomy was performed and the head delivered by means of a blunt-hook. The placenta soon followed upon traction on the cord; the womb contracted well. Child well developed, showing no marks of decomposition; placenta softened and easily torn; cord and membranes of a dirty-yellow color, partly putrefied. Duration of labor, forty-two hours. Stimulants and opium were given to the woman, without avail. She sank gradually and died the fifth day, from some cause not ascertained. There was neither inflammatory action, nor exhaustion; probably a poison connected with the putrefied parts had been absorbed into the blood and prostrated the nervous system so as to prevent reaction.—*Chicago Medical Journal*.

21. *Resuscitation of Still-born Children*.—Dr. Depaul, one of the most active advocates of pulmonary insufflation, offers to public attention a case containing very striking evidence of the valuable results attained by a persevering use of the laryngeal tube. Called to see, in consultation, a young woman just confined, he noticed the infant lying on a table and was informed that it had been born anæmic, had never shown a single symptom of life, and had been subjected in vain to all the usual means for resuscitation. Looking at the infant, Depaul observed certain vague tremblings in the præcordial region, and at once introduced his laryngeal tube and began to practice insufflation. About thirty minutes had elapsed since the accouchement. Soon the circulation was reëstablished and manifested itself by well-marked pulsations of the heart and umbilical cord. The first inspiration took place after the insufflation had been conducted about a quarter of an hour; a second supervened in a few moments, and then they multiplied rapidly. After about forty minutes of insufflation the respiration was quite regular and the infant completely restored.

Not all cases are attended by so fortunate a result. Sometimes pulsation and respiration are only established to be reëxtinguished after a few moments. Dr. Depaul never abandons all hope unless he has tried this artificial respiration for two hours. The instrument employed is the tube of Chausser, but with a single terminal orifice. The child, wrapped up in warm clothes, is placed so as to have the chest considerably elevated and the head inclined backwards. Then the mouth and pharynx are freed from the mucus which may be present, and now the index or little finger of the right hand is introduced, following the middle line of the tongue as far as the epiglottis; the other fingers of the same hand grasp the instrument, like a pen, and pass



it along the finger already placed in the mouth. It is generally easy to raise the epiglottis by gentle movements, inclining the tube a little to the left. After the tube has entered the larynx, the regurgitation of the air must be prevented either by closing perfectly the entrance of the larynx with the end of the index finger, or by closing œsophagus, mouth and nares, the former by compressing it with the instrument, the latter orifices by covering them with the hands. The insufflation must be practiced without timidity. If some force is used there is a better chance of success.—*Journ. de Médéc. et de Chir. Pract.; Nashv. Journ. of Med. and Surg.*

Another instrument is employed by Dr. J. G. Wilson, accoucheur to the Glasgow Lying-in Hospital. It consists of a vulcanized India-rubber ball, about the size of an orange, to which is attached a German-silver tube, about six inches long, and gently curved towards its free extremity. The tube is closed at the extreme end, but has two openings or eyes, like a female catheter, a short distance from the joint. On compressing the ball, the contained air rushes along the tube and through these openings; but on removing the pressure the ball becomes instantly refilled with air, which may again be evacuated as before. In order to have a constant supply of fresh air, another opening should be made in the tube, about an inch from its attachment to the ball. During the compression of the ball, the left thumb easily covers the opening, which has to be kept open to admit fresh air during the subsequent expansion of the ball. This instrument is introduced in the same manner as that of Depaul. The insufflation must be gently and slowly performed, so as to simulate as nearly as possible the normal respiratory process. After each inflation, the chest must be slightly compressed, in order to facilitate the expulsion of air from the lungs. Inflation ought never to be relinquished as hopeless whilst the least fluttering or quivering motion over the cardiac region is perceptible.—*Ranking's Abstract.*

22. *Dystocia Caused by Ovarian Tumors.*—In 1845 Dr. Sp. Thompson published in the *Amer. Med. Monthly* the history of a delivery where a large fluctuating ovarian tumor appeared behind the neck of the womb. The tumor was pushed upwards during the progress of labor, and the woman delivered of a full-grown child without difficulty.

Dr. F. Elkington reported two cases of similar complication in the *British Review*, 1848. In one of them it was impossible to effect delivery by turning without changing the position of the tumor; in the second instance, the child had to be taken away by perforation, although the size of the tumor had been considerably lessened by puncture.

Prof. Litzmann, of Kiel, has made ovarian tumors, as a cause of dystocia, the subject of an elaborate and important article in the *Deutsche Klinik*, 1852. He states that up to 1852 only forty-seven cases of this kind had been published. Twenty-five times the diagnosis had been established either by a post-mortem examination, or by puncturing the tumor; in the remaining twenty-two cases the strict proof of the existence of ovarian tumors has been wanting. Twenty-

two mothers recovered, twenty-four died. Only seven children were born alive; thirty-five had been still-born, and the condition of fifteen remained dubious. (There were fifty-six deliveries in all.) Ten births were effected by nature alone, seven by replacement, nine by puncture or incision of the tumor, eleven by the forceps, eight by turning on the feet, seventeen by perforation, two by induction of premature labor, three by extraction of the child; one woman died undelivered.

In the *Monatschr. f. Geburtsh.*, vii., 1856, Dr. Hecker reported a pregnancy complicated with ovarian dropsy. Premature labor was induced on account of dyspnoea. The woman died in child-bed from incarceration of the cyst in the crural canal.

Five cases of a similar nature have been noticed by Dr. Braun, of Vienna (*Wiener Mediz. Wochenschr.*, 49, 1859). All the women were primiparae, and had never suffered from any complaints during menstruation or pregnancy. In four of them the presence of an ovarian tumor was established beyond doubt; in one instance the nature of the tumor had been dubious. Three were simple cysts, one a carcinoma of the ovary. Labor commenced in four cases at the full term; only in one instance it was premature. In all cases incarceration was observed. Two children were born alive, three dead; all presented with the vertex.

23. *Cause of Menstruation.*—I believe, says Dr. F. C. C. Blackburn, of Calhoun county, Ga., that menstruation is produced by some other cause than universal or partial plethora, and that cause must be natural. I can, however, account for it in no other way than by admitting that the ovaria of most healthy women are capable of ripening an ovum, or ova, monthly, which, descending into the uterus, is, or are then, attached to some of its vessels; the blood is invited to that particular part with more force than usual. After a certain time, not receiving the male semen to stimulate it into action, the ovum dies, and is gradually separated, leaving a hæmorrhage from the mouths of the vessels to which it was attached; and thence originates the menstrual flux. I am of opinion, however, that the vessels yield only red blood as long as the ovum remains partially attached; after a complete separation has taken place, they contract and emit only a serous fluid. Menorrhagia, or profuse menstruation, is said to be due to a plethoric state of the uterine vessels, which I very much doubt; for women of lax habit are more subject to it than those of a sanguine temperament. I think menorrhagia is occasioned by the partial detachment of the ovum from the vessels of the womb, while the laxity of that organ retards a complete separation, and keeps the vessel open from which the ovum is separated. This is the case in parturition, and more particularly in early abortions. Anything that will act as an astringent upon the uterus, causes the separation of the ovum and relieves the patient. Upon this principle the good effect of cold applications is easily accounted for.—*Oglethorpe Med. and Surg. Journ.*

24. *Menstruation without Ovaries.*—In a paper upon the Diagnosis of Ovarian Tumors, read before the Philadelphia County Medical So-

ciety, Dr. W. L. Atlee states that menstruation may go on with great regularity even when both ovaries are diseased. In one case he removed both ovaries, and yet the menses recurred regularly; in another case the patient experienced, at the usual period, a sensation as if her catamenia were about to recur; and she had at the same time a whitish discharge from the vagina.—*Med. and Surg. Reporter*.

#### SOME NEW FORMULÆ.

25. *Laudanized Wine of Squills*, as employed by the medical profession of Lyons: White wine, one pint; powdered squills, eight grammes; laudanum, twenty-nine grammes. Dr. Teissier has obtained advantageous results from the employment of this wine in dropsies, especially those which follow pulmonary emphysema.—*The Druggist*, Aug., 1857, from *Bull. Gén. de Thér.*

26. *Syrup of Squill prepared with Alcohol*.—J. S. Conrad gives the following formula:  $\mathcal{R}$  squill, powdered, two ounces (troy); alcohol, three fl. ounces; water, one pint; refined sugar, two pounds (troy). Mix the squill with twice its bulk of coarse washed sand, introduce into a percolater, and place a thin diaphragm on the top. Mix the alcohol and water, and displace till twelve ounces are obtained; then add the sugar, boil, evaporate to two pints, and strain.—*Amer. Journ. of Pharm.*, May, 1860, from *Trans. Md. Coll. Pharm.*

27. *Clemens' Solution (of Arseniated Bromide of Potassium)*:  $\mathcal{R}$  pulv. arsen. albi depur., potassæ subcarb. et tartaro, āā. drachmam unam; coque cum aquæ destill. libra semis ad perfectam solutionem; refrigeratæ adde aqu. destill. qu. s., ut fiant uncie duodecim; deinde adde bromini puri, drachmas duas. Shake several times daily, for a week. In four weeks it is ready for use; requires to be kept in the dark.

We earnestly urge our readers to give it a trial, on account of the reaccumulated evidence from Europe of its excellent tonic, alterative, and resolvent properties, rendering it available in intermittent fever, chronic cutaneous diseases, especially of syphilitic origin, syphilitic swelled testicle, tumor albus, secondary and tertiary syphilis. Dose, three or four drops in a glassfull of water, once or twice a day. No other medicine seems to act so rapidly and certainly as a tonic to the whole system.—*Med. and Surg. Rep.*

28. *Fluid Extract of Burdock*—a preparation which, it is believed, might be advantageously substituted for that of sarsaparilla, as a more efficient and reliable alterative, or, at least, as a valuable addition to it—is thus prepared by Dr. T. Grahame:  $\mathcal{R}$  burdock, in powder, No. 50, sixteen ounces; diluted alcohol (alcohol, four and a half parts; water, three and a half parts), a sufficient quantity. Dampen the powder with the menstruum, and pack it in a suitable glass displacer; having covered the surface with a piece of muslin, or perforated filtering paper, pour on the menstruum, and continue the percolation to exhaustion, reserving one and a half ounces of the first run-



nings,—evaporate the remainder over a water bath until reduced to nine fluid ounces, to which add four ounces of sugar, and dissolve. Strain, if necessary, and add the reserved portion. Dose, one teaspoonful.

29. *Brown Mixture*.—Chas. S. Tilyard thinks, if prepared in the following manner, it may prove more satisfactory than that resulting from the officinal method:  $\mathcal{R}$  pulverized ext. liquorice, one ounce; gum arabic, in lump, one ounce; paregoric, four fl. ounces; ant. wine, one fl. ounce; wine of ipecac, one fl. ounce; sweet sp. nitre, one fl. ounce; cold water, q. s. Mix the paregoric, ant. wine, spirit of nitre, and wine of ipecac together in a bottle holding one quart; turn in the ext. liquor, set aside for twelve hours, with frequent agitation, then pour in gradually twenty fl. ounces cold water, set aside again for twelve or twenty-four hours, frequently shaking. Filter through a well-plaited filter, allow the gum arabic to dissolve in the liquid; and when dissolved, pour into a bottle containing one and a quarter pounds (avoirdupois) of white sugar in coarse powder, shake frequently until the sugar is dissolved, or hasten it by setting the bottle in warm water. The whole, when finished, should measure two pints.—*The Druggist*, January, 1860, from *Transact. and Journ. Md. Coll. Pharm.*

30. *Syrup of Tar*.—A formula compiled by Th. A. Lancaster is intended as a substitute for tar-beer: Take tinct. picis liquidæ, uncias duas; magn. carbon., unciam unam, s. q. s.; sacchari albi, libram unam (avoird.); aquæ font., q. s. Rub the tincture first thoroughly with the magnesia, and then add half a pint of the water gradually, transfer to a filter, and when the liquor ceases to pass, add more water till it measures half a pint; then to the filtered liquor add the sugar, and by means of a gentle heat convert it into a syrup.—*Amer. Journ. of Pharm.*

## OHIO STATE MEDICAL SOCIETY.

CINCINNATI, OHIO, April 21st, 1861.

THE sixteenth annual meeting of the Ohio State Medical Society will be held on the fourth Tuesday, the 25th day of June, 1861, at the Ohio White Sulphur Springs.

It will be seen by the above that we have changed the day of meeting from the second to the fourth Tuesday of June. The reasons which induced us to make the change are as follows: First, as the American Medical Association meets this year at Chicago, in the early part of June, it would be inconvenient, if not impossible, for our delegates to attend that association and our State Society on the 11th of the same month; Second, from some improvements which the proprietor, Mr. Wilson, is making at the Springs, it would be inconvenient for him to entertain the Society before the 25th.

|                |                    |
|----------------|--------------------|
| R. R. McMEENS, | } Vice Presidents. |
| S. BONNER,     |                    |
| W. P. KINCAID, |                    |
| S. P. HUNT,    |                    |

JOHN B. THOMPSON, Treasurer.

H. S. CONKLIN, President.

|                 |                        |
|-----------------|------------------------|
| H. G. CAREY,    | } Executive Committee. |
| S. BONNER,      |                        |
| W. L. McMILLEN, |                        |
| G. C. E. WEBER, |                        |
| W. P. KINCAID,  |                        |

W. W. DAWSON, Secretary.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

JUNE, 1861.

No. 6.

---

*Original Communications.*

---

ARTICLE I.

**Case of Congestion and Softening of the Brain.**

---

BY R. E. MCMEENS, M.D., SANDUSKY, OHIO.

---

The prodroma, progress, and peculiar symptoms of the following case were so novel in their nature to myself and others as to induce me to submit an abstract of the same to your perusal, and if considered of sufficient interest to warrant publication, you can so dispose of it.

D. D., an employee of the S., D. and C. R. R., had occupied the post of dock and road master at this place for the last fifteen years. He possessed great physical energy and endurance, and was indefatigably diligent in discharging the duties of his station. He was of a nervo-bilious temperament, of medium stature, modest demeanor, and acknowledged probity of character. During the last ten years, the period of my acquaintance with, and professional cognizance of him, he had suffered from but two attacks of illness : some six years since, from an acute pneumonia, induced by exposure at night to inclement weather, from which he had a rapid and perfect recovery ; and about a year subsequently, from a slight hæmoptysis, excited by over-exertion and exercise, while suffering from a severe pulmonary catarrh. With these exceptions, his health had been uniformly good, requiring no medical aid whatever ; nor interrupting the regular performance of his duties, until late in the summer of last year, when he began to complain of feeling unusually fatigued after the labors of the day, and was observed by his intimate associates to incline his head unnaturally to one side, and to perceptibly droop in one shoulder. He made

allusion, however, to this fact himself, and was apparently unconscious of it. In September last he was compelled to undergo unusual labor, and exercise great vigilance in providing and superintending the numerous trains required to accommodate and transport the people attending the "mass meetings" of the late political campaign. On the 23d of that month he stood most of the night on the platform of the rear car, with a signal light, to prevent any casualty occurring between the many "wild trains" then in transition. The next day, although weary from want of sleep, and suffering from soreness and stiffness in the shoulders, arms, and back of the neck, which he attributed to rheumatism, he accompanied a monster train to the grand gathering of the "Douglas clan" at Tiffin. Before reaching that place he was seized with chills, flashes of fever, increased pain and lameness, thirst, dyspnoea, and extreme difficulty and distress in swallowing. At Tiffin he proceeded at once to a hotel and retired to bed, where he remained until the return of the train, with which he arrived at home early in the evening. I was immediately summoned to his assistance, and found him suffering apparently from most of the prominent symptoms of a congestive chill, common to our pernicious fevers, and diagnosed accordingly. The pulse was accelerated, contracted, and quick, oppressed respiration, cold and clammy surface, anxious and haggard countenance, slightly coated tongue, and a general tremor of the whole body. There was intense thirst, but an almost total inability to swallow any fluid, it being spasmodically ejected from the nostrils, or attended with symptoms of impending suffocation. He was also tormented with frequent shocks or distressing sensations in the arms and hands, requesting them to be vigorously pulled, rubbed, and pinched.

A mustard poultice was premised, and a large cataplasm of the same directed to be applied over the whole surface of the chest; and the following prescription ordered:

R Quinæ sulph., ℥ j.

Pulv. Doveri, grs. xxv.

M., ft. chart. No. iv. S. one every four hours.

To be alternated with teaspoonful doses of spirits nit. dule. in water. After a time he felt somewhat relieved, but passed an unquiet and unsatisfactory night.

Sept 25.—Morning visit: Respiration much improved, pulse less frequent and more natural, deglutition still difficult, but practicable, tongue more coated, surface warm and normal. Patient complains chiefly of severe and circumscribed pain in the left side of the thorax.



Percussion elicits slight dullness over the region of pain. Ordered the free application of cups over the affected part, and made the following prescription :

℞ Quinæ sulph., ℥ j.  
Hydrarg. massæ, grs. xij.  
Pulv. ipecac., grs. iv.  
Extract hyosciamus, grs. vj.

M., ft. pill. No. xij. S. one every two hours.

Spirits nit. dulc. to be continued as before.

Evening visit : Respiration and deglutition decidedly improved. Pain in chest quite trivial. Patient expresses a general sense of relief. Has had no evacuation of the bowels ; some uneasiness in consequence. Ordered a bolus of the following :

℞ Hydrarg. submur., grs. viij.  
Extract hyosciamus, grs. ij. M.

To be followed in four hours with an infusion of—

℞ Senna, 3 ss.  
Magnes. sulph., 3 ss.  
Mannæ opt., 3 j.  
Fœnicula contus., 3 ij.

M. To be given in free doses every two hours until it operates.

Sept. 26.—Morning visit : Cathartic had acted freely, early in the night ; has slept but little ; passed a restless but painless night. Complains of slight pain and uneasiness in the occiput and nape of the neck. Pulse quite natural. Some difficulty of swallowing occasionally experienced ; at other times perfectly free. Some degree of numbness and uneasiness of the upper extremities returning. Observe for the first time an unnatural lustre of the eyes, and some dilatation of pupils. Prescribed the following as a nervous stimulant :

℞ Assafoetida, 3 j.  
Aqua menthæ, 3 iij. Ft. solutio, et adde  
Ammoniated tinct. valerianæ, 3 j.  
Tinct. castorei, 3 ij.  
Sulphuric ether, 3 j.  
Tinct. opii camph., 3 ss.

M. Teaspoonful every two or three hours.

Evening visit : Informs me confidentially of a new feature in his case : has had all the afternoon frequent violent and painful erections of the penis, attended with emissions of semen, which he feels is rapidly exhausting him ; has been vainly endeavoring to restrain them by the application of cold water. Both himself and attendant concur

in assuring me that he has had more than a dozen emissions already. While conversing with him another erection suddenly and unexpectedly occurred, which he ineffectually attempted to arrest by force of will. To satisfy myself of the real character of this singular phenomenon I made an ocular inspection of the organ. The penis was in a state of full and complete priapism, the glans purple from extreme distention, the testicles firmly contracted, and the emission forcibly ejected, but small in quantity. After its consummation, an excessive degree of languor ensued, with general muscular tremor and frequent and feeble pulse, and evident marks of exhaustion.

A blister was applied to the nape of the neck, and a liniment, composed as follows, addressed to the spine, by friction :

R Volatile liniment, ℥ iv.  
Spirits terebinth., ℥ ss.  
Tinct. opii, ℥ ss. M.

And the following sedative administered internally, to quiet general nervous perturbation :

R Chloroform, gttss. x.  
Tinct. opii, ℥ ij.  
Mucilago acaciæ, ℥ ss.  
Aq. laura cerasi, ℥ ss.  
Aq. destillata, ℥ j.

M. Teaspoonful every two or three hours.

The application of cold water to the parts to be continued.

Sept. 27.—Was called at 2 o'clock A. M. Patient worse. Erections still frequent, emissions only occasional; extreme wakefulness; increasing cerebral excitement, but intellectual functions still unimpaired; the erections are becoming intolerably painful, causing him to cry out with anguish. Continue same treatment until morning, with additional doses of the muriate of morphia combined with the extract of dulcamara.

Morning visit: Patient no better. Symptoms much the same. The erections only partial, and of shorter duration; they assume more the character of neuralgic shocks, and are exquisitely painful. He inquired as to the probable prospects of his recovery. I confessed my apprehensions of the result, and solicited counsel. He immediately sent for an attorney, and made his will with a composure and equanimity of mind rarely witnessed under similar circumstances. I then secured the counsel and coöperation of Dr. H. I. Donahoo, and we placed him upon the following treatment :

R Extract nux vomica, grs. vj.

Fluid extract conii, 3 ij.

M. Teaspoonful every two or three hours.

Toward evening he began to manifest some aberration of mind, become abstracted, and, if unmolested, mutter to imaginary persons; all of which, however, would disappear upon his attention being diverted by interrogation or otherwise. During the night his delirium and hallucinations rapidly increased, the current of which was decidedly libidinous in character. He was constantly engaged in contracting secret assignments with numerous and voluptuous syrens. His language at times was lewd to the extreme of obscenity.

Sept. 28.—Patient more excited and incoherent, the character of his hallucinations less lecherous, but more hideous and harassing. He imagines himself incarcerated and condemned for seducing the sister of one of his friends, and pleads vehemently and most pathetically in asseveration of his innocence. About noon a complete change came over the *phantasia* of his dreams; the wanton fires that had raged so fiercely in the chambers of reason were extinguished, and all traces of their imagery had vanished as the shadow of a cloud. The organs of mirth and benevolence seemed to have gained possession, and reign supreme. He winked at all within the range of his vision, with a most benignant and winning smile, insisted upon treating the whole crowd, and was exceedingly jocose, and lavish in offers of money and munificent gifts.

During all this time an occasional shock or nervous paroxysm would pass over him, momentarily check his hilarity, produce a painful contortion of countenance, and cause him to clasp his hands firmly upon the pubis. These shocks closely resembled in their conduct the action of a person subjected to the charge of a galvanic battery. He continued in this state until about five o'clock in the afternoon, when in the midst of one of his happiest moods and broadest smiles another convulsive shudder occurred, respiration ceased, and with one spasmodic convulsion of the face he expired.

The next morning a hurried post-mortem was had, in the presence of Drs. Donahoo, Austin Morton, and Stanley. Upon removing the calvarium the meninges exhibited an undue degree of vascularity, and the sinuses engorged with an exceedingly dark colored blood. On exposing the brain proper the anterior lobes of the cerebrum presented a perfectly normal appearance, while upon the extreme portion of the posterior lobes a distinct line of demarcation was conspicuously displayed between the pearly and pink colored tint of the healthy struc-



ture, and the dingy, degenerated aspect of the other. It presented precisely the appearances observed in cases of chronic softening. The whole exterior of the cerebellum, with the pons varolii and medulla oblongata, were found in a state of intense vascular congestion. No further examination was made, as time and place prevented the proper opportunities for minute exploration.

The autopsical revelations detailed above forces me to the conclusion that chronic softening of the brain had been silently encroaching for some time previous to the last attack, and that the local character and predilection of the cerebellum as the seat of congestion was the consequence of preëxisting disease and debility in that region.

To explain the peculiar phenomena displayed in the case would require all the learning and acumen of the most profound physiologist. The singular fact that the nervous centre presiding over the sexual organs should be specially elected and excited to such an inordinate degree, and to the exclusion of all others, as directly under the control of the cerebro-spinal system, as well as the eccentric paralyzation of the nerves concerned in the process of deglutition, with the paroxysmal affection of the upper extremities, and subsequently invading the intellectual faculties, developing a series of mental manifestations almost purely phrenological in proportion and propensity,—demands the attainments of a Brown-Sequard or Fraser Campbell to fully comprehend and rationally demonstrate.

---

ARTICLE II.

**The Surgical Treatment of Epilepsy.**

BY JNO. S. BILLINGS, M.D., CINCINNATI, OHIO.

*"Verumque est, ad ipsam curandi rationem, nihil plus conferre, quam experientiam."*—  
CELSUS.

Believing, as I do, fully in the truth of the maxim of Celsus, given above, I propose in the following article to consider the operations which have been employed from time to time by surgeons and physicians for the relief of one of the most mysterious maladies in the nosological scale, as well as one of the most rebellious to treatment. I refer to epilepsy. In this disease, certainly, our boasted lamp, experience, only serves to make the darkness more visible; and I fear that the modern physician, with all the science and wisdom of this progressive Nineteenth Century, effects but little more with his preparations of silver and zinc than did Hippocrates with his hellebore; and it is not

at all impossible that the sage of Cos was thinking of some cases of this kind when he uttered the latter part of his celebrated first aphorism, "Experience doubtful, and judgment difficult."

One of the most ancient, as well as the most common, operations for the relief of epilepsy is the application of a trephine to the skull in cases where the disease has evidently been the result of an injury to the head. The idea that the disease might be cured by removing the depressed portion of bone which in such cases is presumed to be the cause of the trouble, is a perfectly natural one; and if we considered the operation such a trifling affair as did John Hunter, who recommends the use of the trephine in all cases of fracture, "*since at all events it can do no harm,*" there could certainly be no doubt as to the propriety of its performance. Unfortunately, however, the operation of trephining is not such a trivial thing as was supposed by the British surgeon,—even when performed upon a perfectly healthy subject. B. Bell lost two cases out of three in which he operated (Bell's *Surgery*, vol. ii.); Howship lost a patient on the third day after the operation (Abercrombie on *Diseases of the Brain*, p. 196); Boyer and Steidele each lost a case. Prof. Gross says that out of four cases in which he operated, three died. Dr. Chas. Tripler, U.S.A., informs me that he has operated in two cases with a fatal result. Prof. G. C. Blackman, of this city, has also lost two cases, both of which presented some interesting features; and as I was kindly permitted to watch their progress and termination, I shall take the liberty of giving a slight abstract of each.

*Case 1.*—Farmer, aged twenty-four, married. When eighteen years old he received a kick from a horse upon the right side of the head, causing an extensive scalp wound, which, however, cicatrized rapidly, and without trouble. An epileptic fit occurred for the first time about a week after the accident, and was followed by others at constantly decreasing intervals. On examination, a depression was discovered near the centre of the right parietal bone, at which spot the trephine was applied and a small circle of bone removed. On the under surface of this disc was a small, sharp spicula of bone about three-eighths of an inch in length, projecting directly downwards and penetrating the dura mater. Nothing unusual followed for three days, when hernia cerebri took place, and in five days more he died.

Certainly no case could present stronger indications for the operation than this: his mind was slowly but surely sinking into imbecility, his memory being almost entirely destroyed, while, on the other hand, his excellent bodily health gave every hope of success.

*Case 2.*—The second case was that of a young man, aged twenty-two, in whom the disease had appeared at the age of five years, following a severe blow upon the head. The fits occurred about twice a week, and the same progressive deterioration of mental power was taking place that has been mentioned in the last case. A trephine was applied at the seat of injury, and a circle of bone removed. In this case nothing unusual was observed upon the inner surface, although the depression was well marked externally. All went on well for six weeks, the patient having no fits and no unpleasant symptoms. At the end of that time he had a severe paroxysm, followed by a discharge of pus from the wound; and four days later, between five and six ounces of pus were discharged through the orbit. He became paralytic and comatose, and died just eight weeks after the operation.

Prof. Blackman has since operated upon a third case, with the result of very much diminishing the frequency of the paroxysms, but not effecting a radical cure.

It is impossible to ascertain precisely the mortality in this operation, since the unsuccessful cases are usually not reported; and we can draw no conclusion from its result in cases of fracture, since the effects of the injury are superadded to those of the operation. Dr. Stephen Smith, in a paper published on this subject in the *N. Y. Journal of Medicine* for March, 1852, has given a table of twenty-two cases, in which the operation was performed, all being more or less successful. I have examined the reports of a number of cases in addition to those mentioned by Dr. Smith, and a brief account of the whole is given in the following table. I have confined myself to simply giving the result of the operation, without going at length into the history of each individual case, seeing that, had I done so, it would have demanded more room than I wished to occupy, and, moreover, there is but little history attached to any of them that would be of special interest, all being very nearly alike.

| OPERATOR.       | RESULT.      | WHERE REPORTED.                                           |
|-----------------|--------------|-----------------------------------------------------------|
| Coates .....    | Cure .....   | Edinburgh Medical and Surgical Journal, 1806.             |
| Wells .....     | Cure .....   | Trans. of Society for Imp. of Medicine and Surgery, 1812. |
| Howship .....   | Death .....  | Abercrombie on Diseases of the Brain, p. 196.             |
| Crampton .....  | Cure .....   | Dublin Hospital Reports, vol. i.                          |
| Berard .....    | No change .. | Gazette des Hopitaux, April, 1846.                        |
| Birch .....     | Cure .....   | Sir A. Cooper's Lectures on Surgery, vol. i.              |
| Riboli .....    | Cure .....   | London Medical and Surgical Journal, 1826.                |
| Rhodius ..      | Cure .....   | Centur 1, obs. 66.                                        |
| Steiddele ..... | Death .....  | Chirurgische Beobachtungen.                               |
| Farre .....     | Death ..     | Sir A. Cooper's Lectures, vol. i., p. 170.                |
| Fricke .....    | Death .....  | Bruns' Chirurgie.                                         |
| Riencke ..      | Death ..     | Bruns' Chirurgie.                                         |
| Marchetti ..... | Cure .....   | Dictionnaire des Science Medicales, art. Epilepsie.       |
| Boyer ...       | Death ..     | Dictionnaire des Science Medicales, art. Epilepsie.       |



| OPERATOR.          | RESULT.         | WHERE REPORTED.                                      |
|--------------------|-----------------|------------------------------------------------------|
| Boncher .....      | Cure .....      | Dictionnaire des Science Medicales, art. Trepan.     |
| La Motte .....     | Cure .....      | Dictionnaire des Science Medicales, art. Trepan.     |
| B Bell, two cases  | Both fatal ...  | Bell's Surgery, vol. ii.                             |
| Do. do. ....       | No change ..... | Bell's Surgery, vol. ii.                             |
| Buch .....         | Cure .....      | Travers on Constitutional Irritation.                |
| Blake .....        | Cure .....      | London Medical and Physiological Journal.            |
| Johnson .....      | Cure .....      | Virginia Medical Journal, 1837.                      |
| Howard ..          | Improvement ..  | Transactions of State Medical Society of Ohio, 1843. |
| Hulihen .....      | Cure .....      | Reported to me by Dr. Boerstler.                     |
| Gross, three cases | All fatal ..... | Gross' Surgery, vol. ii.                             |
| Kite .....         | Cure .....      | Bruns' Chirurgie.                                    |
| Robertson .....    | Cure .....      | Gazette Medicale, 1848.                              |
| Wurn .....         | Cure .....      | Surgical Writings of Schmucker, 1776.                |
| Gross .....        | No change ..... | Gross' Surgery, vol. ii.                             |
| Tripler .....      | Death .....     |                                                      |
| Palmer ...         | Cure .....      | London Medical Gazette, vol. xvii.                   |
| Warren, two cases  | Cured .....     | Boston Medical Magazine, vol. i.                     |
| Brainard ..        | No change ..... | Chicago Medical Journal, 1859.                       |
| Do. ....           | Improvement ..  | Chicago Medical Journal, 1859.                       |
| Do., four cases    | All cured ..... | Chicago Medical Journal, 1859.                       |
| Elliott .....      | Cure .....      | Transylvania Journal of Medicine, vol. ii.           |
| Dudley ...         | Improvement ... | Transylvania Journal of Medicine, vol. i.            |
| Do., four cases    | Cured .....     | Transylvania Journal of Medicine, vol. i.            |
| Rogers ...         | Improvement ... | New York Medical and Physiological Journal, vol. v.  |
| Dixon .....        | Cure .....      | Boston Medical and Surgical Journal, vol. xxxi.      |
| Pancoast ..        | Cure .....      | Philadelphia Medical Examiner, 1849.                 |
| Pope .....         | Cure .....      | St. Louis Medical and Surgical Journal, vol. vii.    |
| Guild .....        | Cure .....      | American Journal of Medical Sciences, vol. iv.       |
| Hayward .....      | Cure .....      | Boston Medical and Surgical Journal, 1838.           |
| Hobson ...         | Cure .....      | Western Lancet, vol. ix.                             |
| Do., two cases     | Cured .....     | Western Lancet, vol. ix.                             |
| Do. ....           | No change ..... | Western Lancet, vol. ix.                             |
| Yandell .....      | Improvement ..  | Western Journal of Medicine and Surgery, vol. vii.   |
| Cadwall ..         | Cure .....      | Boston Medical and Surgical Journal, vol. xxvii.     |
| Hayward ..         | Cure .....      | Boston Medical and Surgical Journal, vol. xxviii.    |
| Trowbridge ..      | Cure .....      | Boston Medical and Surgical Journal, vol. xxviii.    |
| Do. ....           | Cure .....      | Boston Medical and Surgical Journal, vol. xxviii.    |
| Hayward ..         | Improvement ... | Boston Medical and Surgical Journal, vol. xxiv.      |
| Mitchell .....     | Cure .....      | Materia Medica and Therapeutics.                     |
| Wells .....        | Improvement ... | Essays on Pathology and Therapeutics, by Dickson.    |
| Campbell .....     | Cure .....      | American Journal of Medical Sciences, vol. xii.      |
| Yeates ...         | Cure .....      | American Journal of Medical Sciences, January, 1860. |
| Blackman, 1 case   | Improvement ..  |                                                      |
| Do., 2 cases ..... | Death ...       |                                                      |
| Edwards, 2 cases   | Death .....     |                                                      |

Making in all seventy-two cases, of which sixteen proved fatal, or 22 $\frac{2}{3}$  per cent. Forty-two cases are reported as cured, four unchanged, and the remainder improved, but not entirely relieved.

In addition to those mentioned in the table, several cases have been reported by Dr. Stone, of New Orleans, but I have not been able to obtain access to the journals containing them.

The operation has also been recommended in cases where the disease has not been the result of an injury. Boerhave advised it, supposing the essential cause of the disease to be pressure on the brain. Baron Larrey also advises it, and mentions two instances in which he performed it successfully, in which the disease was caused by caries of the skull. I have been informed that Dr. McDowell, of St. Louis, has now performed the operation over one hundred times in epileptic cases, but with what result I am unable to state.

A query might arise as to whether surgeons of the present day are not too sparing in the use of the trephine in cases of fracture, and by refusing to elevate depressed bone when no urgent symptoms of compression are present, pave the way for future trouble. I have seen two cases, however, in which the depressed portion had been unsparingly removed, since about two square inches of the skull were wanting, the dura mater adhering directly to the subcutaneous tissue, and yet epileptic paroxysms were frequent and violent in both.

It would seem that the paroxysms are most apt to return about the time that cicatrization of the wound takes place, and no case should be set down as cured until this process has been entirely completed. Had this rule been strictly adhered to, it is not improbable that several of the cases set down in the preceding table as cured, would come under the head of "no change."

Another operation which has been resorted to by surgeons for the cure of epilepsy is the ligature of one or both carotids. The following table gives the result of the cases in which the operation has been performed — at least, of all those with which I am acquainted :

| OPERATOR.            | RESULT.           | WHERE REPORTED.                                           |
|----------------------|-------------------|-----------------------------------------------------------|
| Boileau .....        | Cure .....        | Journal Univ. des Science Medicales, 1825.                |
| McClellan .....      | Improvement ....  | American Medical Review, vol. iii.                        |
| Beeton .....         | No change ...     | North American Medical and Surgical Journal, 1827.        |
| Preston, 3 cases ... | All improved .... | Trans. Med. and Phys. Soc., of Calcutta, vols. v. and vi. |
| Hamilton .....       | Cure .....        | Buffalo Medical Journal, vol. ii.                         |
| Angell ...           | Cure .....        | North American Medico-Chirurgical Review, 1858.           |
| Do. ....             | Death .....       | North American Medico-Chirurgical Review, 1858.           |
| Brown, U.S.A. ...    | Cure .....        | Peninsular Journal.                                       |
| Weber .....          | No change ...     | Peninsular Journal, 1859.                                 |

Making in all eleven cases : four cures, four improved, two no change, and one death.

The theory which gave rise to this operation was, that the disease was caused by an excess of blood carried to the head, as evinced by the flushed face and turgid, swollen condition of the veins of the neck during an attack. Dr. Marshall Hall, however, interpreted these phenomena in a different manner, supposing them to be a result of what he terms laryngismus, or spasmodic closure of the glottis ; and recommended laryngotomy as a curative means. In the *London Lancet* for 1853 may be found a paper by Dr. Radcliffe upon this subject, with notes of the cases in which it has been performed. The success attending its performance has not been such as to justify its repetition.

A class of cases in which the surgeon may often advantageously interfere, is that in which the attacks are preceded by a well marked

aura. This term, first used by Celsus, is not to be used in its literal sense, since it is a very rare phenomenon. Indeed, M. Herpin, in his *Traité d'Epilepsie*, declares that it does not exist. Still we frequently find an abnormal state of sensibility in some particular part, just before the paroxysm, and this, whatever it may be, is called the aura. In such cases, section of the nerve distributed to the spot, or removal of the part altogether, when possible, has been performed, and with occasional success. Not unfrequently an old cicatrix is the seat of the aura, and its removal has been followed by the happiest effects. Portal's well known case, wherein he cured the disease by removing a cicatrix from the thumb, is a good example of this class. Dr. F. Hamilton reports a case of twenty years standing cured by the removal of a cicatrix from the scalp.—(*Ohio Med. and Surg. Journal.*) I have seen one case of this kind in which a cicatrix was removed from the leg, by Dr. Blackman, with good results. Donat cured a patient by removing the great toe. He also mentions the cure of a nun in whom the aura commenced in the right breast; after a time it ulcerated, and she was cured. Tissot also reports a cure by the removal of a toe. Watson, in his work on Practice, says that Wardrop cured one case by removing the little finger, and mentioned a case of his own in which the same end was attained by passing a ligature tightly around the thumb. In the *Western Lancet and Hospital Reporter* is a report of two cases by Dr. Holston; one of removal of a cicatrix from the inner side of the foot, particularly successful, the other, division of the ulnar and median nerves, which cured the aura, but not the epilepsy. Castration has also been performed for the relief of this disease. Cases are mentioned in the *London Lancet*, in the *Nashville Journal*, and by Romberg in his treatise on Diseases of the Nervous System.

In the tenth volume of the *London Lancet* mention is made of two cases cured by lithotomy, one by Mr. Earle, the other by Mr. Tucker. W. White Cooper, in his work on Injuries of the Eye, mentions two cases of epilepsy resulting from injuries to that organ, which came under the care of Prof. Szokalski, cured by evacuation of the contents of the globe. A similar case is reported by M. Cunier.—*Annales d'Oculist*, tom. viii., p. 147.

Cauterization has also been made use of, the practice being founded, no doubt, upon the observation of cures following accidental burns. One case of this sort has come under my own observation in which a cure was effected in a case of twenty years standing, by a severe and extensive burn of the head and face. In the ninth volume of *Fabre's Bibliothèque de Médecine Pratique* mention is made of several cases of this



kind, one cured by a burn upon the thigh, another by one upon the head. Two cases are also mentioned by M. Hufeland wherein cures were effected by accidental burns upon the arm, in one case demanding amputation. In *Hufeland's Journal* for 1827 is the report of a case by Dr. Bona, in which relief followed a severe burn upon the thigh. Pontier also cured a case by cauterizing the inner surface of both thighs. Dr. Geo. McClellan operated successfully in a case where the cicatrix was on the frontal nerve.—(*Eberle's Practice*, vol. ii.) Louth excised a portion of the ulnar nerve three times for epilepsy, once successfully. In this case there was a well marked aura. Foreign bodies, such as splinters, balls, pieces of dead bone, etc., have been known to cause epilepsy, and their removal to be followed by a cure of the disease. Dieffenbuch reports a case of this kind, (*Operative Chirurgie*, vol. i., page 882,) and the same may be said of neuromas, as in cases mentioned by Short, Carren, and Maisonneuve. One of the most singular operations which has ever been performed for the cure of epilepsy, is mentioned in the *London Lancet* for 1839. M. Giambarini, of Paris, passed an acupuncture needle to the depth of three inches, into the heart, and after four repetitions of the operation succeeded in curing his patient. The attack in this case was always preceded by symptoms of angina pectoris.

The query will very naturally arise, What are the indications for one or the other of the above mentioned operations, and what are the chances of success? If the origin of the disease can be clearly traced to the infliction of an injury upon the skull, and a depression exist, thereby pointing to the seat of the difficulty, the use of the trephine is not only justifiable, but should be strongly recommended. Should one or two fits recur after the operation, we must not too hastily conclude that it has been a failure; since in several of the cases mentioned in the table the effect seemed to continue for a time, even after the removal of the cause, although perfect recovery finally ensued. In the report of one of the cases, the doctor remarks, that, as the usual remedies for this disease had been fully tried before the operation, he did not think it worth while to resume them, although a perfect cure was not effected. This is certainly bad reasoning, to say the least of it, since it is not at all improbable that the cause being once removed, the disease may be cured by the same course of medication which had previously been powerless.

In successful cases we must not too hastily conclude that the operation, whatever it may have been, has been the means of cure, or at least the only one, since the attention paid to the patient's general

health, the careful regulation of the diet, and the state of mental expectation in which the patient is placed, all must be taken into account.

~~X~~ Cases of cures are reported in the *London Lancet* through the agency of animal magnetism, which of course could only act by its psychological influence, an influence, by the way, which is by far too little appreciated and made use of. I think it not at all improbable that ligature of the brachial artery, or trephining the tibia, would, in very many cases, effect a cure. In persons in whom the fits have an apoplectic tendency, ligature of the carotids may be tried, at least, as a *dernier ressort*. +

In all cases in which there is a well marked aura, using that term in its most extensive sense, section of the nerve, or even removal of the part, if practicable, may be tried; excision of cicatrices and removal of foreign bodies, should such be present, are also indicated. In many cases, however, these operations will not act like simple issues, the paroxysms returning upon the cicatrization of the wound. In some of these cases I should advise the trial of the hypodermic, narcotic injections, introduced by Dr. Alexander Wood, of Edinburgh, for the cure of neuralgia. Cauterization, issues, setons, etc., have been used from the earliest times, and in some cases they may be of service, but their use must be entirely empirical. Pariset thoroughly cauterized the heads of twenty patients in the Bicêtre, but with no good effect whatever. Nay, the operation may, in some cases, absolutely do harm. Esquirol had a case in the Salpêtrière, in whom the fits commenced by a well marked aura in the great toe. He cauterized it severely, and succeeded in driving away the aura, but the convulsions were much increased, both in frequency and violence. ++

In conclusion, if the surgeon meets with cases, and they undoubtedly will be the majority to which none of the preceding remarks apply, and feels nevertheless compelled to do something, I should advise the application of the trephine, having first fairly explained to the patient the risk he is about to run, as all that can be said of any operation applies to this, and if it does not prove immediately fatal, and he reports the case *early*, say within the first month, it will, in very many cases, come into the list of cases of epilepsy cured by surgical treatment.

---

*Medicine in Prussia.*—The medical staff of Prussia, at a population of 17,739,913, amounts to 358 district physicians (paid by government, and have to attend the poor gratis), 4327 physicians with degree of doctor, 996 surgeons of the first class, 643 of the second class, 1020 veterinarians, 1529 chemists, and 11,411 midwives.

## ARTICLE III.

**Quinine in Puerperal Fever.**

BY E. S. WOODWORTH, M.D., FORT WAYNE, INDIANA.

A writer in the March number of this journal, on the "*Chronal Law of the Pulse*," incidentally remarks that quinine is an anti-*intermittent*, and not an anti-*remittent*. Now, although after a practice of over twenty-two years in the Maumee valley and country, which has had *some* notoriety as a malarious region, I entirely disagree with the writer; yet it is not for the purpose of controverting his doctrines and deductions that I allude to his interesting article, but to say that the reading of it induces me to write a few lines in reference to the use of quinine in puerperal peritonitis.

For some fifteen years or more I treated puerperal fever on the anti-phlogistic plan of most of the standard authors, and especially of Dr. Meigs—without, I must confess, any very satisfactory result. But for the last five or six years I have treated all my cases of puerperal fever in a very different manner; and I have done this, not because I believe the type of this disease has changed (for I believe no such doctrine), but because I have, like many, if not a majority of physicians, within a few years, been led to different views in regard to the nature of inflammation from my former ones.

It can not be disputed that the writings of Robert Bentley Todd, Prof. Bennett, and others, have produced an entire revolution in medicine; but there is great danger that they will push their doctrines to an extreme,—and I, for one, am not ready to follow Todd in his Therapeutics, which are little else than alcoholic stimulants—in short, the old Brunonian doctrines revived.

I shall not, however, discuss this question, whether physicians, or diseases have changed within twenty years, though I am, I confess, a believer in Hughes Bennett.

I will state the treatment that I have pursued in puerperal fever for the last five years, and I can not state it better than by transcribing two recent cases from my note-book.

*Case 1.*—Jan. 26, 1861, 3 o'clock P. M.—Was called to visit Mrs. Bequette, æt. 32, a large, stout and robust German woman who had been delivered of a healthy male child (her third) at the full time, in the morning of the 24th. In the morning of the 26th she had a severe chill, followed by high fever soon after. The following were the symp-



toms which she exhibited on my first visit, viz. : She was lying on her back, with her knees drawn up, complaining of acute pains over the whole abdomen, with slight tympanitis, and great tenderness on pressure, whether the pressure were quickly or gradually applied ; pulse 120 ; tongue red, dry and pointed ; skin dry ; urine scanty and high colored ; lochial discharge arrested ; bowels constipated. In her own expressive language, she said, " I wish I could curl all up into a little pile." She had taken nothing but half a table-spoonful of castor oil, one hour before I was called.

R Quinæ sulphas, grs. xxiv.

Pulv. opii, grs. xij.

Pulv. ipecac., grs. jss.

M. Dividenda in chart. No. vj. S. one every three hours.

Hot fomentations (with flannels wrung out of hot water) to the abdomen.

27th, 9 o'clock A. M.—Patient much better. After taking the second powder, she had little pain, and went to sleep. She is now pretty much free of pain and tenderness ; pulse 80 ; perspiring freely ; very little tympanitis ; bowels had moved copiously during the night ; lochia had reappeared. Continued the powders in half the quantity to-day.

28th.—Patient still better. Prescribed no medicine. . . 29th.—Considered convalescent. . . 30th.—Discharged.

*Case 2.*—May 7th.—Attended Mrs. D. Richards, æt. 31, in labor with her fourth child. She had an easy, natural labor of eight hours' duration, terminating at 9 o'clock A. M.

May 9th.—Was called to see her at 10 o'clock A. M. Found that she had had a chill, lasting two hours, commencing at 8 o'clock the night before, followed by fever that had continued to that time. She was lying on her back, with her knees drawn up ; excessive pain and tenderness over the abdomen, especially just above the pubis ; pulse 140, small and wiry ; skin hot and dry ; no headache or other head symptoms ; lochia suppressed ; considerable thirst ; not much, if any tympanitis ; bowels had not moved since confinement. Had taken no medicine. To take the following :

R Quinæ sulphas, 3 ss.

Pulv. opii, grs. xv.

M. Dividenda in chart. No. vj. S. one every three hours.

Hot fomentations to the bowels so long as pain and tenderness continue, with diluent drinks and fever diet.

March 10th, 9 o'clock A. M.—Visited patient, and found her much better. Said that she had had but very little pain since she took the second powder; she then began to perspire, and went to sleep. Pulse 90, moderately full and soft; tongue moist, urine free, bowels had not moved. To take—

R Oleum ricini, ℥ j.  
 Oleum terebinthinæ, ℥ ss.  
 Saccharum alb., ℥ ss.  
 Mucilago acaciæ, ℥ ijss.

M. S. one table-spoonful every two hours, till it purges.

March 11th.—Patient much better. Cathartic had operated. Free of pain, no fever; pulse 85, soft and compressible. Directed to take a powder at any time, if she had pain,—otherwise nothing.

March 12th.—Patient convalescent, and discharged.

— I have now treated about twenty-five sporadic cases with quinine and opium, without any deaths. I am well aware that the number is not sufficient to show the superiority of this treatment over any other, and in an epidemic the result might be different; still I feel so well satisfied with these results that I shall still continue this treatment, and I think it well worthy a further trial on a more extensive scale.

I do not bring these forward as *new* remedies in this disease, for I am well aware that both quinine and opium have been given by others, but I am not aware that they have been given in the first stage of the disease, or given combined. It may be said, too, that this disease here is modified by malaria; but for a few years past we have had but little intermittent fever here, and our patients are probably much more robust than will generally be found in hospitals.

It has been said that quinine and opium are antagonistic. It may be that they are in some respects—that is to say, quinine may counteract the congestive effect of opium (being an anti-congestive), though not its soporific effect; nor will opium counteract the anti-periodical effect of quinine. Now if quinine be an anti-congestive, why should it not be proper to give it in *all* inflammatory affections (including phrenitis)?—for we all know that congestion is the first stage of inflammation.

To conclude, I hope that some of my medical brethren, who are not perfectly satisfied with the sanguinary treatment in this disease, will try the quinine treatment.

## ARTICLE IV.

**Parturition complicated with Intermittent and Remittent Fever.**

BY E. M. MORRISON, M.D., NEW MADISON, OHIO.

While I lived at Pennville, Indiana, a period of nearly eight years, in a miasmatic district, I was called to observe several cases of parturition, complicated with intermittent and remittent fevers. This complication was frequent in the fall of 1855, when, it is believed, nearly nine-tenths of the whole population suffered from these fevers. Some of these complicated cases got through parturition without puerperal fever or accident; others did not; some died. I believe that cases thus complicated are at least occasional, in all the miasmatic regions of the West. I may be mistaken, however, as my field of observation has not been very extensive, or long continued; but I am sure my observation has been correct, so far as it goes; and as puerperal women are not exempt from these fevers, I infer that the fact is general.

I find an article in the *Lancet and Observer* for Feb., 1861, from Dr. J. E. Thompson, of Lynchburgh, Ill., on "Inflammation of the Uterus and its Appendages in Puerperal Women." In this article Dr. Thompson says:

"It will be noticed that cases II., III. and IV. were complicated with intermittent fever. It occurs to my mind that this is a complication not spoken of by authors; at least I have not been so fortunate as to have read any account of it. Case III. is the fourth case that I have known to die when it was complicated or preceded by ague. In fact, I have known but two cases to recover."

These statements would indicate that cases thus complicated are frequent; fearfully dangerous; not spoken of by authors, and but little understood by the profession. In concluding his remarks upon these cases, Dr. Thompson further says:

"In the Western, South-western and Southern States of this republic, every physician of any experience knows full well that it is a common thing to find pneumonia, dysentery, etc., complicated and preceded by ague or some form of periodical fevers. I do not say, however, that it is a common thing to find child-bed fevers thus complicated, though I am firmly convinced that this state of things has and may still exist. One thing I am sure of: I have not known a puerperal woman thus affected to get through parturition and its necessary consequences without some accident of a more or less serious nature."



This may all be true, I do not doubt it ; but is there no remedy or course of treatment by which we can lessen or avert these fatal results ? Must every puerperal woman, who has an ague or remittent fever at the time of, or preceding parturition, suffer from accident or puerperal fever, and run two chances to die to one to recover ? Surely not. We must have better results. I believe, however, that many of these complicated cases may, and some of them in my locality, at least, have been deprived of their dangers, by the administration of sulph. quinia in full doses, immediately after delivery.

The process of parturition is depletory, and generally followed, as I believe, by an intermission. At least, I deem this to be the rule, when the time for the return of the paroxysm has not arrived, and the length of the intermission may thus be predicted or foretold. The system is also rendered more susceptible to the action of the remedy, and, if time will allow, I never fail to give it under these circumstances, "for the effect," if possible, to cut short the intermittent or remittent fever. This course has generally been successful in my hands, but I have not employed it in a sufficient number of cases to fully test its virtues ; yet I believe the results are sufficiently satisfactory to warrant its recommendation, and I know of no other course of treatment or remedy on which to rely in these cases, with any degree of hope or certainty.

To exemplify these statements I will cite two cases,—very briefly, however, but give the main facts :

*Case 1.*—Mrs. B., æt. twenty, primipara, in her seventh month was attacked with an obstinate quotidian ague, which was treated with moderate doses of quinia and diaphoretics ineffectually. The paroxysms, well marked, returned daily more aggravated, and on the fourth day of the attack labor came on. I was called to see the patient ; when I arrived, however, she had been delivered without aid, and the fœtus had unfortunately perished. The placenta, which was remaining, was now delivered, and the hot stage did not last longer. As the time for the next paroxysm was fifteen hours off, I gave sulph. quinia three grains every two hours for twelve hours, which intercepted the ague, and there was no puerperal fever or accident of any kind occurred. The quinia was repeated for two days in diminished doses, and the recovery was as speedy and complete as if no complication had existed.

*Case 2.*—Mrs. —, æt. twenty-two, primipara, was attacked with a tertian ague, which she disregarded. At the third paroxysm labor came on ; Dr. S. attended ; parturition was natural and easy, and there was a complete intermission for twenty-four hours thereafter. My

opinion was asked as to treatment, and quinia in full doses advised; but Dr. S. did not find it thus in the books, and the advice was "tabled." The paroxysm, however, returned at its regular period; puerperal inflammation followed, and the patient died.

Now I do not deem it necessary to comment at length upon these two cases, or to cite others, as I have aimed to give the facts of most importance, substantially, without coloring. Doubtless, too, many of your readers are conversant with such cases, and have had better opportunities for studying them than I can lay claim to. I would say, however, that they were nearly parallel in their complication. It is true, the one had the advantage of treatment, though ineffectual, before delivery; but it had the disadvantage of being a quotidian. The other had the disadvantage of not being treated, but the advantage of the tertian type, and a long intermission after delivery. I do not see, therefore, why Case 2 would not have had the chances of recovery bettered by the treatment that Case 1 received after delivery. Neither do I see any contra-indication at all sufficient, in these cases, where a decided intermission is had to counteract the benefits to be anticipated from the use of quinia. If it is capable, as I verily believe it is, of cutting short the paroxysms of ague and remittent fevers, thus complicated, as we all know it is in others, it is surely the remedy which is to avert the evils thereof. Hence, I use it myself, and recommend it to the profession, as its merits deserve.

---

ARTICLE V.

**The Cause of Milk Sickness.**

---

BY S. C. CHASE, M.D., HARMAR, OHIO.

---

MESSRS. EDITORS:—I find in the March number of your journal an address on the above subject, by Isaac Mendenhall, M.D., of Ashland, Ind. Nor was I aware until I saw his essay, that the cause of this malady was unknown, generally, to the medical faculty. I have been a practitioner fourteen years, during all of which time I have regarded the cause of milk sickness as easily traceable to its origin as the cause of ague, or any of the endemics; with this difference, that while the cause of endemics usually depend upon atmospheric conditions, the presence of miasmata, etc., the cause of milk sickness depends upon the presence of vegetation, which abounds in certain localities only; for which reason the cattle of the fallow ground pasture field are exempt, while those of the adjacent inclosed wood pasture are trembling

with the disease. In such wood pasture will be found the *rhus toxicodendron* growing every where among the grass, so that if the cattle eat grass they must also eat *rhus*. Notwithstanding instinct enables dumb animals to avoid some poisonous plants, yet in dry seasons cattle will devour the *rhus* with avidity, and have no objections to the foliage of the buckeye, the latter of which often produces as serious consequences (as far as the animal is concerned) as the former.

In the year 1841-42 I resided near the little village of Wyandot, in Marion County, O., during which time there were several cases of milk sickness in the neighborhood, some of which were fatal. The people, of course, were alarmed; milk, butter, and fresh meats, beef and veal were considered dangerous. As the excitement increased, the question with every body was, what is the cause? To solve the mystery, Dr. Brown, of Wyandot, and myself, commenced an investigation. In this undertaking I consider we were favorably located, as the surroundings were such as to afford us an ample opportunity to trace the effect to the cause, as there were but two places for the cattle to drink, and but three kinds of pasture; the first of which—viz., the inclosed, cultivated field, was exempt, while the contiguous inclosed, uncultivated wood pasture, and the prairie pasture contained the cause, as the cattle drank from troughs, supplied from wells, or at the Sandusky river, which is near the village. The water could not be the cause, as the cattle in the cultivated fields drank of the same water in both cases. As the cause was certainly not atmospheric, we were forced to the conclusion that it was something which the cattle ate. After examining the whole premises carefully, and finding no other poisonous vegetable, we were satisfied that *rhus* was the cause of the disease,—in the toxicology of which we believe the entire phenomena, as well as the pathological condition, (as present in milk sickness,) will be found. On breaking a stem of the *rhus*-leaf a milk-like fluid is exuded, which is exceedingly poisonous; if applied to the skin it will produce effects similar to those of *argentum nitras*, a black welt is produced, in a few hours becoming sore, destroys the cuticle, which sloughs, and upon healing leaves a circular cicatrice. So poisonous is *rhus* that it pollutes the atmosphere where it grows, so that children, as well as some grown persons, who go among it to gather berries from bushes growing in the same locality, are badly poisoned. I have seen their faces swelled until their eyes were shut, their necks, hands, and arms covered with inflamed vesicles, the cuticle highly inflamed, and not unfrequently constitutional symptoms produced, resembling those of milk sickness. The nostrils of cattle that graze among it are covered with pustules. In fact, there can



be no doubt that its poisonous exhalations are more to be feared than those of the fabled upas. Who can doubt that such quantities as are consumed by cattle must poison their blood, contaminate the milk, and be present in the butter, and produce all the symptoms enumerated by Dr. Mendenhall? That the milk and butter of such animals should be poisonous is in unison with the relation of cause and effect. And now, in summing up the evidence, we would respectfully present the following facts in the premises: First, there was no rhus in the cultivated field, (as cultivation destroys it,) and the cattle were not affected. Secondly, the contiguous wood pasture was covered with rhus, the cattle ate it, and were diseased. Thirdly, there was no other poisonous plant in either pasture. Fourthly, there was no water in either pasture, and the cattle inhaled the same air, except the atmosphere as impregnated by rhus. Will some of the physicians who reside where there is milk sickness, please test the influence of rhus toxicodendron, as the suspected cause, by penning up a few cattle and feeding them for a few days on rhus only, and report through your journal?

---

ARTICLE VI.

**Thoughts on the Relative Importance of Exciting and Predisposing Causes of Disease.**

BY J. R. BLACK, M.D., CAMBRIDGE, OHIO.

---

The creative power that moulded our earth and formed our bodies had evidently, what is to us, a special design, when he implanted passions, as well as rational faculties, in our nature. By the proper restraint of the one, and proper cultivation of the other, many of the evils that beset our nature may be avoided or ameliorated, and the highest state of felicity of which we are capable be attained. Their antagonism, in a personal and general sense, is the main spring of corporal and mental exertion. From the period of childhood to mature age, a primary object in our system of instruction is to develop the intellectual and subordinate the animal. The good and evil consequences of acts are ever more or less plain before us, and our composite prompting implies an incessant struggle for supremacy. So also health, and premature senility, sickness, and an untimely death, are objects of primary and deep solicitude. Experience, in the most indubitable language, says that if we would escape the one, and enjoy the other, the laws of our organism must have a vigilant and intelligent enforcement. In this way the very necessities of our existence incites

us to study, to investigate the laws appertaining to our being, and when known a high degree of self-control is requisite in carrying them into effect. Here the path to be tried is confessedly difficult. Ignorance obscures the way, and passion is ever ready to lure the traveler from the line of duty. There is nothing but an undaunted love of truth, knowledge, and virtue, that will carry us through, and those who are so happy as to cultivate and possess these endowments, will not only reap a secret reward for themselves, but transmit them to their offspring—a legacy of inestimable value. Of what avail is wealth and noted parentage when weighed down by a feeble frame, tortured by every image, ill, deformed,

“Sent into this world scarce half made up.”

A mind feeble, groveling, and unbalanced, incapable of healthy emotion, suffering from pangs that selfishly turn the mind ever on themselves, looks on this world with a cold and jaundiced eye, forever howling from pain, sour, morose, suspicious, unloving and unloved. In all this we can but acknowledge the wisdom and beneficence of the Creator who thus makes our own and our children's welfare dependent upon our industry, knowledge and rectitude, and saves us from sinking into low, stupid, and bestial indolence, sensible of nothing but the pleasures of instinctive desire.

It is a generally admitted truth that a certain portion of superstition yet clouds our understanding, when applied to the diseases and accidents to which we are liable. Not a few are firm in their belief that they are unavoidable or providential in their origin, and not the legitimate result of violated law. It is for the medical profession to disenthral the public mind of this relic of a darker age, and exhibit the truth and its expounders, not as battling against a special providence, but co-laborers with nature in endeavors to assist her to throw off the incubus of disease, and maintain the integrity of her organs against gross transgression of normal law. Concerning this point, however, the profession are, it appears to me, themselves at fault. While admitting that causes generate by imperceptible degrees predispositions in the system, there is, nevertheless, a fixed habit of attaching undue importance to the immediate events which precede an attack of disease. If we take the example of three persons exposed alike to severe and protracted cold—one being attacked by rheumatism, another by pneumonia, while a third escapes unharmed,—and then explain the discrepancy of effect by the easy, stupid, and common mode, that the diseases of the former were caused by exposure, we throw absolutely no light on the diversity

of result. That cold may be an exciting cause of bronchitis or consumption is admitted, but the importance of this knowledge in investigating the origin and nature of individual diseases is extremely small. With equal judgment and propriety might we attempt the study of the mental faculties by an exclusive attention to those objects which excite sensation. While it is true that outward impressions may start the current, or animate the primary springs of thought, yet the aggregate quantitative and qualitative sequence of phenomena is predetermined by inherent causes. For example, a spectacle like that of the Niagara Falls will excite the delicate organs of thought, whilst the essential form, the current which thought as a whole may assume, is dependent on the individual constitution of mind. One may be led to wonder and admire the omnipotence of the great Architect, whilst another will be led into a calculation of the immense force in the rushing water, etc. The exciting cause, then, of vital acts, either in mind or body, has no necessary connection with that power which determines whether the resultant will be normal or abnormal, elevating or degrading. This is a predetermined point, and rests on idiocrasy. In the great problem of elevating the standard of health, and extending the period of life, a bestowing of more attention upon the exciting than the predisposing causes of disease, is big with mischief. It is the practical teachings of those who would unwittingly store away the most dangerous and inflammable combustibles in their homes, and then study hard to avoid the cinders or sparks borne on every fugitive wind. Infinitely better to keep the system free from taints, to observe the fundamental laws of our being, to preserve, or endeavor to reinstate the constitution to its pristine vigor, and then may we hope not to suffer from every chilling breeze, or be parched with fever, or purged into a shadow, because of the salubrious heats of summer. We say salubrious, because no one who will candidly reflect on the subject can otherwise conclude. Man (if I may be allowed the digression) in his narrower phases of mental light, in his common proneness to attribute to external sources the origin of all his ills, in his innate proclivity to avoid personal responsibility, has long been on the search among the physical elements for the germ of his disorders. He has ransacked the natural changes of the seasons, the aridity, humidity, and temperature of the atmosphere, the growth and decay of vegetation and animate life, the influence of the sun, moon and stars, the supposed direful results of volcanic eruptions and earthquakes; but all in vain. Nature, in the silent, but emphatic voice of experience and history, is writing upon the wall: Man, thou art found wanting; you have vio-



lated the conditions of your existence, and the penalty is affixed to your vitals. If a person with consumption taint were to seek certain popular sources for advice as to how the dreaded scourge might be warded off, two to one, the answer would be, see that she is not exposed so as to catch cold. The idea is stereotyped. You may do this or that, but see not to take cold. Your dainty daughter with pale, soft skin, must not face God's life-giving sun, or jump and run till her cheeks glow with vulgar vigor, or spoil her hands by menial toil, or eat coarse, homespun food, or drink pure water fresh from the fount, or retire to sleep by nature's dial, or clothe her body in accordance with common sense; and she need not do any of these, but she must be careful not to catch cold. She may preserve her life-like complexion in dark rooms, nurse "spindle-shanked" peculiarities in indolence and luxury, never go out except at fashionable hours, eat only the most dainty knick-knacks, sup her tea or wine, sleep till midday, and dance or read till midnight, swallow gallons of elegant nostrums to purify the blood, but she must be careful not to catch cold.

[TO BE CONTINUED.]

---

## *Proceedings of Societies.*

---

### **Proceedings of the Cincinnati Academy of Medicine.**

---

Reported by C. T. SIMPSON, M.D., Secretary.

---

HALL OF ACADEMY OF MEDICINE, April 8, 1861.

The Academy of Medicine met at the usual hour, the President, Dr. White, in the chair. The minutes of the previous meeting were read and adopted.

Dr. Gans reported the following very interesting case:

About the beginning of July last the Doctor was consulted by Mr. R., on account of a tumor on the left side of his neck, of the size of a small (hen's) egg. It was situated under the lower portion of the sterno-mastoid muscle, of an oval shape, its lower apex being felt at the bifurcation of that muscle. It was hard, firm and elastic, conveying to the finger, on pressing it, a feeling as if it contained some fluid. It was movable in any direction, with the greatest ease — so much so that it could be brought by side pressure as well to the outer as the

inner side of the above-named muscle ; as also upward and downward. The tumor had first made its appearance about two months previously. Mr. R. was a workman in an iron safe foundry, of strong muscular development, good constitution, and had never suffered from scrofula. These circumstances led him to diagnose a simple cystic tumor, easy of removal by an operation,—which he performed, assisted by Dr. Doherty, on the 26th of July, in the following manner : The tumor being movable, as above stated, to the front part of the neck, a longitudinal incision was made about two inches from and above the sternum, somewhat to the left of the median line, between the inner margin of the muscle and the trachea. The assistant being directed to press the tumor as much as possible in that direction, he dissected it from its connecting cellular tissue, which was easily accomplished, without any hæmorrhage taking place. Nothing was left to be dissected but the posterior part of the tumor ; and knowing that these tumors generally receive an artery (sometimes of considerable size) from behind, he endeavored to divide the cellular tissues, separating them with the finger and handle of the scalpel, holding the freed tumor between the fingers of his left hand, for the purpose of ligating such an artery before taking the tumor away. When at this stage of the operation, hæmorrhage took place from the anterior wall of the tumor, oozing from it like the tissue of the same had been ruptured. The blood was dark, and plainly venous. The hæmorrhage being considerable, he placed a ligature around its neck-like undivided part, and arrested the hæmorrhage.

Not knowing exactly what to make of it, and therefore undecided how to proceed, he sent for Dr. B., to get his opinion and advice ; he pronounced it a thyroid tumor, and advised not to take it away, but to guard against hæmorrhage. This was done. Small pieces of sponge were placed between the tumor and the cutis. No hæmorrhage occurred ; neither a high degree of inflammation, nor fever.

After a few days suppuration set in, loosening the sponges ; and sloughing of the front part of the tumor took place, making him, as also Dr. B., think the the whole tumor would slough off ; but the ligature having become very loose, no doubt by the suppuration, only the front part sloughed off, leaving the tumor much reduced in the midst of the wound, which suppurated now very profusely. He felt much inclination to place a new ligature around it, but as Dr. B. did not advise it, it was not done. Much anxiety was felt on account of the possibility of the pus finding its way along the fascia into the pectoral cavity, as had happened in a similar case of Dr. Hawkins, of

St. George's Hospital, London. Visiting the patient on the eighth day after the operation, he advised the patient to lay on his side. After some days, a swelling like a beginning abscess made its appearance below the right clavicle, where it joins with the sternum, and he intended to open it the next day, for the purpose of giving exit to the pus, and thus likely preventing the feared entrance of it into the chest. But he found on the next day that it did not contain any pus.

The patient went on comparatively well, except during the first eight days there was some difficulty of deglutition; when in the night of the 11th of August he was attacked by a very violent, hard cough, which brought a large quantity (more than a pint) of thick, and very foetid pus. The expectoration of thick, yellowish mucus continued for some months, particularly at night, causing him great distress, and reducing him very much. No fever, no dyspnoea. The seat of the pus seemed to be in the lower part of the mediastinum, more to the right,—percussion and auscultation in that region giving a dull, heavy sound. He gave him during this time iodide of potash, and after a while syr. iodide of iron, which he took for a great length of time; also a jelly of Iceland moss. A generous diet, with wine or beer. Externally, he penciled the whole wound, including the tumor, daily, with pure tincture of iodine; and also placed a blister over the chest, keeping it open eight days. On this treatment he improved considerably; suppuration, or rather expectoration of pus, became much less; the wound healed, the tumor becoming reduced; and he gained so much strength that he was enabled to walk out.

On the 11th October he was taken down by an inflammatory attack of the chest, with fever, heavy breathing, and the expectoration of large quantities of pus, mixed with much mucus. Prescribed nitrate of potassa, and small doses of tartar emetic; put a large blister over the chest; an antiphlogistic regimen. After a few days he got better, the expectoration becoming less (at first the proportion of pus, then that of the mucus), and he continued to improve, regaining all of his strength, having already for several months past had very little expectoration. The tumor, of the size of a small walnut, can be felt under the cicatrix. After the inflammatory symptoms disappeared, the Doctor returned to the iodide of iron and general treatment above indicated.

The case offers several points of interest:

1st. The question arises, What has been the character of the tumor: was it really a parenchymatous thyroid tumor, or a thyroid sanguineous cyst, as observed by Choate Holmes (*Med. Times and Gazette*, Nov., 1854)?



2nd. Would it have been safe to take the tumor away after putting a ligature around it, or ought a new ligature to be put around it for the purpose of sloughing?

3rd. Of the highest interest is this case, certainly, on account of the great *vis medicatrix* of nature experienced in it; for the expectoration of pus did not cease after the first large quantity was thrown up, but it continued, and even after the wound was healed,—leaving no doubt of the fact that the cavity containing the pus had become (as usually is the case) lined by a pus-secreting membrane.

Notwithstanding it has ceased almost entirely, it seemed to him that the inflammatory attacks has favored the healing of this cavity, likely in the same manner as injections of tincture of iron operates in cavities or cysts.

It is also an interesting fact that hardly any constitutional symptoms, dyspnoea, much less hectic fever, advanced during suppuration in the pectoral cavity for the space of at least six months.

—Some immaterial discussion followed this report, after which Dr. W. P. Thornton announced that he proposed to read to the Academy, two weeks from this evening, a paper on the inquiry, “Do the preparations of mercury promote the secretions of bile?”

---

## Editorial Translations.

---

### Ammoniæmia.

A Paper by PROFESSOR JAKSCH, in the *Vierteljahrsschrift f. Praktische Heilkunde*, 1860, ii.

---

TRANSLATED BY C. A. HARTMANN, M.D., CLEVELAND, O.

---

The word *ammoniæmia*, first used by Prof. Treitz, should be applied to a kind of *uræmia* arising from putrescent urine, containing carbonate of ammonia, being resorbed and introduced into the blood—a condition which must not be confounded with Bright's disease, for it is essentially different from it, although both affections may appear in conjunction with each other. *Uræmic* manifestations are not developed, in Bright's disease, before the uriniferous tubes become impervious; but true *ammoniæmia* is the consequence of urine, in a state of decomposition, being received into the blood; an occurrence which may happen either from a torpid or paralyzed state of the urinary bladder,

from dilatation of Malpighi's pyramids and the renal pelvis while the ureters are impervious, or from abscess, tuberculosis, and other diseases of the kidneys. The urine has, in this disease, always a pungent, ammoniacal odor; hydrops is never connected with ammoniæmia, but there is a persistent dryness of the mucous membrane of the mouth and fauces; the patient feeling as if every particle of humidity had been dried up by some absorbent. Sometimes this dryness will spread to the Schneiderian membrane, the conjunctiva of the eye, and the ligaments of the larynx, producing hoarseness, or aphonia. There is always a strong and well-marked ammoniacal odor in the air expired by the patient; and the same odor is perceived by lifting the bed-clothes. A great aversion to meat is never wanting, and violent intermittent chills are of frequent occurrence; while neither convulsive fits, nor croups, nor diphtheritic exsudations have been observed during the disease we are treating of, nor have disturbances of the vision been noticed. A constant symptom is a singular grayish discoloration of the face, with progressing emaciation; very acute cases are accompanied by a rapid collapse of the features, and a muscular weakness bordering on paralysis. In such acute cases, vomiting, accompanied or followed by diarrhoea, is always present; it seldom, or only for a short time, occurs in the chronic form of the disease. Death is always preceded by a soporous state, lasting from a few hours to several days.

Acute ammoniæmia runs its course in a few (from two to six) days, and terminates, if properly attended to, in recovery; if not, in death. More or less vomiting is usually the first symptom in such cases; often soon followed by febrile manifestations, rapid collapse and sopor.

The chronic form may last weeks, months, and years, with temporary improvement and changes for the worse; it can terminate favorably, even after a long time, if recognized and correctly treated; but may induce death in spite of all treatment when its causes can not be removed. There are always gastric symptoms accompanying chronic ammoniæmia, but they are often mistaken for catarrh of the gastric and intestinal mucous membrane. Symptoms may also occur which simulate typhoid, or intermittent fever. On account of these varying symptoms, it is rather difficult to give a good description of the disease, and it appears, therefore, better to describe the different forms according to their cause and predominant symptoms, after having mentioned what is common to all the forms, and necessary to the diagnosis.

Most frequently, ammoniæmia is produced by diseases of the urinary bladder—more particularly torpor and paralysis; a morbid con-

dition of the ureters or kidneys but rarely causes it. Torpor of the bladder may develop itself gradually, turning into complete paralysis only after a long time, or it may arise rapidly. Accordingly, the symptoms of ammoniæmia will be either manifest, to a slight degree, but for a long time, so that they are scarcely heeded and easily overlooked; or they appear more suddenly and with great intensity, so as to greatly embarrass both the patient and his physician. The torpor can be induced by some impediment in the urethra or prostata, or by a want of innervation or change in its texture (hypertrophy, catarrh, inflammation, ulceration, carcinoma). In consequence of the paralysis, some ulcerative or diphtheritic process, or gangrene may be produced by the stagnant and decomposing urine in the bladder. The progress of the disease does not, however, depend entirely on pathological changes in that organ, but also on the action of the organs serving to the excretion of ammonia: the lungs, skin, kidneys and intestinal tract; further, in the age and constitution of the patient, as well as on external influences. A sojourn in the country, for instance, proves very beneficial in chronic ammoniæmia.

For a correct diagnosis, the following points must be considered:

1. The degree of torpor or paralysis of the bladder, and the cause of the same. In the chronic form, sensible and motory paralysis are generally developed at the same time. Although there is a large quantity of urine accumulated, distending the bladder above the symphysis, and not unfrequently to the navel, the patient experiences no pain, or some dull, painful sensation, and no inclination to void his urine, unless the bladder be extended beyond the already habitual measure; even then, only this surplus of the accumulation is evacuated; the stagnant quantity remains unchanged, or increases even with the torpor. Acute paralysis commonly produces, in the beginning, violent tenesmus and pain, which decrease when the paralysis has reached a certain height, and disappears with the more developed distension of the bladder.

2. With the torpor and paralysis, and usually before they have been carried to a very great extent, commences the decomposition of the stagnant urine, and its resorption. It is evident that the decomposition must be hastened by the presence, in the bladder, of catarrhus secretions, blood, or products of exsudation. At this stage of the disease, the urine, be it evacuated spontaneously or artificially, presents a pungent, often distinctly ammoniacal odor, and a mucous or purulent sediment, sometimes mixed with blood. Wherever an



ammoniacal odor is perceivable in recently-voided urine, we may pretty certainly diagnose ammoniæmia.

3. The carbonate of ammonia is eliminated through the lungs and skin soon after its reception into the blood : this is proved by the distinct ammoniacal odor of the expired air, and other exhalations. Where this odor is not very distinct, the expired air may be tested with humid litmus-paper, or with a stick of glass, previously immersed in muriatic acid. The chemical analysis of the blood would, undoubtedly, furnish the best basis for a correct diagnosis ; but the patients afflicted with ammoniæmia are always in a state which does not admit of the depletion of blood.

4. Gastric symptoms, as already described, are always present. The evacuations in acute cases do not, at least not in the first time, present a distinct ammoniacal odor ; but this is always well marked, when emesis and catharsis appear with an aggravation of the disease. In chronic ammoniæmia there may be neither vomiting nor diarrhœa, but rather a tendency to constipation ; the appetite is, however, with very rare exceptions, disturbed, and a marked aversion to meat present, such as is not observed in any other disease, even not excepting cancer of the stomach. Other gastric symptoms, for instance, a sensation of dull pressure or burning pain in the stomach, accumulation of gases, bad taste, furred tongue, etc., are not characteristic of ammoniæmia. But the dry condition of the mouth and fauces is important, and may often lead to the diagnosis when other prominent symptoms are wanting.

The discoloration of the face, the emaciation and collapse of the features, finally the continuous depression of spirits, which is frequently explained as hypochondriacal, will serve to confirm the diagnosis. The effect on the mind of the patient may grow strong enough to induce the committing of suicide.

In the treatment, strictures of the urethra, which are frequently present, must be removed, and the urine regularly evacuated by means of the catheter. Milk diet, residence in the country, generous exercise in the fresh air, are often sufficient, in addition to these means, to restore the patient. During recovery, a vigorous diet is required, which may be combined with the use of some acidulous or ferruginated mineral water.

Strictures of the urethra have often been overlooked ; I think, they alone have given rise to the hæmorrhoids of the bladder, that we used to hear so much about in times not long gone. Of equal importance with the strictures are diseases of the prostata in connection with am-

moniaemia. Amongst them are: atrophy in consequence of preceding inflammation, general or partial hypertrophy and development of an accessory tumor, pressing on the urethra or the neck of the bladder. They impede, more or less, the evacuation of the urine, cause torpor of the bladder, hypertrophy of its walls, diseases of the ureters and kidneys, and consequently ammoniaemia, which sometimes appears soon, but often only after a long time. The difficulties of a successful surgical treatment, in such cases, render the diagnosis rather unfavorable. Hypertrophy of the prostata will often yield to a strong ointment of iodide of potassium, applied to the perineum, and combined with the internal use of acidulated waters. With the cautious use of the catheter, and a decoction of secale cornutum, exhibited internally, the already developed torpor of the bladder, and other symptoms, even of chronic ammoniaemia, may be relieved.

A long practiced intentional retention of urine is apt to end in the highest development of ammoniaemia, without any difficulty in, or around the urethra. The greater the change in the textures, following this cause, the smaller is the prospect of recovery.

That stones in the bladder result fatally through ammoniaemia, has been long known to surgeons: the disease I designate by this name is well described, with all its symptoms, in their books. It certainly plays a very important part in its connection with urinary concretions. Without an operation, death is certain to follow, while success with a surgical proceeding depends completely upon the presence and extent of ammoniaemia. Under the influence of blood poisoned by ammonia, diphtheritic processes and exulcerations in the artificial wounds are unavoidable.

Cancer of the bladder is always, in the end, accompanied by ammoniaemia. Medullary carcinoma of the inner surface of the bladder induces hæmorrhage, and thereby decomposition of the urine.

Mechanical obstructions of the ureters, or destructive diseases of the kidneys, lead either to ammoniaemia or uræmia. A painful anuria, sometimes relieved by copious discharges of bloody urine, pain and swelling in one or both sides of the abdomen, indicate the primitive cause. If there is a concretion, the ureter becomes dilated above and around it, the walls are pushed outward, and the room thus made allows the urine to pass, until the stone, pressed downward, is again wedged in. Even large concretions may, in this way, reach the bladder, and as long as the other kidney is not disturbed in its functions, there is not much danger. A continued stagnation of the urine in the pelvis of the kidney may, however, result in decomposition and

resorption; that is, ammoniæmia. Of course, death may ensue without that,—for instance, as a consequence of anuria and uræmia, in obliteration of the ureter.

Tuberculosis of the kidneys is also one of the exciting causes of ammoniæmia. How far abscesses of the same organs may have the same effect, can not be at present ascertained, because they were complicated with diseases of the bladder, wherever observed with the disease in question. The kidneys may be destroyed by extensive ulceration, ending in death, without one symptom of ammoniæmia. Cancer of the kidneys is also not likely to produce it.

Another form of ammoniæmia, distinguished by a very rapid course, arises from the decomposed urine penetrating into normal tissues. This may happen, for instance, into the cellular tissue of the peritoneum, by ulcerative rupture of the urethra, or into the tissue of the abdominal walls after puncture of the bladder, when the urine was in a state of decomposition in consequence of previous disease. There are violent pains, frequent chills, vomiting, and frequently diarrhœa, ending in sopor and death.

The senile vesical torpor develops itself, without any demonstrable morbid affection of the bladder or urethra, in persons about, or beyond the age of fifty. The circumstances influencing its appearance and development, are not always easily determined. It is only certain, that this torpor arises either from insufficient innervation or from retrogressive metamorphosis and fatty degeneration of the fibres of the detrusor muscle. Patients afflicted with this trouble can not pass their urine except with strong abdominal pressure, and then only in a short and interrupted stream. A complete evacuation of the bladder, if it can be effected at all, requires a considerable time. With the torpor advanced to a moderate degree, there remains always a certain quantity of urine in the bladder, although the patient thinks it completely empty. Upon strong and continued pressure, he is astonished to see the flow commence again. This stagnant quantity of urine augments in proportion to the increasing torpor, and frequently forms the basis of acute or chronic vesical catarrh. Under such circumstances, a slight cold, or an intentional repression of urine, are often sufficient to create complete paralysis of the bladder.

This paralysis occasionally occurs as a symptom in other diseases, for instance, typhoid fever. Here it happens especially, when the conscience is disturbed, the sensibility suppressed and the muscles weakened to nearly paralysis; if overlooked, an extensive stagnation of urine follows, commonly inducing vomiting in spite of the unconsciousness.



This emesis is only removed by evacuation of the bladder, by means of the catheter. Ammoniaemia may also arise during typhoid fever, in consequence of other morbid processes dependent upon the fever, for instance, catarrh of the mucous membrane of the bladder, or croupous exudation on its internal surface. In some cases, however, these conditions are present, without exciting any symptom of ammoniaemia.

Next to typhoid fever, acute diseases of the brain, such as extensive meningitis and cerebritis, induce, not unfrequently, paralysis of the bladder. A careful examination here always prevents the development of ammoniaemia. But this can not so easily be accomplished, where the paralysis follows diseases of the spinal marrow, and appears in association with paralysis of the lower extremities.

In vesical paralysis of a peripheric origin, combined with cutaneous adynia, from suspended innervation of the detrusor muscle, I have never observed any symptom of ammoniaemia; but this disease occasionally appears under a very obstinate form in conjunction with dysentery. Then *secale cornutum* is the remedy.

In all these remarks there is nothing particularly new; I have only collected and arranged under a system, what was well known to Boerhave, Morgagni, Van Swieten, Stoll, Lentin, P. Frank, Sæmmering, and others. That they explained the symptoms they observed as urinary metastases, don't matter.

Although it was not my purpose to give a complete and exhausting delineation of the disease, I will add a few conclusions:

1. Uræmia and ammoniaemia are different conditions, producing, in many respects, different symptoms.

2. Both appellations point merely to those constituents of urine which mix with the blood, being in the one case urea, in the other carbonate of ammonia. There may be in the blood, besides them, some other elements of urine.

3. Ammoniaemia has been mentioned and described, by former physicians, under the names: uroplania, urodilyasis, ischuria, paralysis of the bladder, etc.

4. This disease may result either in direct resorption of decomposed urine from the urinary organs, or in absorption of urea changed to carbonate of ammonia, in the intestinal canal.

5. The excretion of the morbid matter thus accumulating in the blood, is effected by exhalation through the lungs, the skin, and the mucous membrane of the stomach and intestines.

## Correspondence.

---

BOSTON, MASS., May 8, 1861.

MESSRS. EDITORS :—There is much enthusiasm manifested by the members of the medical profession, in this section of the country; and many of them have offered their services to the Government as surgeons, and are now at their posts of duty; while many others, gentlemen of long professional experience, and those of less pretensions, are ready at any moment to respond to their country's call during this unhappy struggle through which our nation is now passing.

At the last meeting of the Suffolk District Medical Society it was voted unanimously that the members of the Society will furnish their services gratuitously to the families of the volunteers called into the service of the United States.

A free course of lectures on military surgery is now being given at the Medical College, by Dr. Henry J. Bigelow, for the benefit of those who may wish to refresh their memories upon the more important surgical operations and appliances, incident to army practice. Several hundred dollars have been contributed by members of the profession in this city, to furnish an abundance of material for demonstrations in operative surgery. The lectures and demonstrations have been largely attended by physicians and students from both the city and country towns. The course will be of practical value to many in their private practice.

Yesterday Gov. Andrews appointed a board of medical examiners, consisting of Drs. Hayward, Ware, Warren, Cabot and Townsend, who will examine all applicants, desiring to enter the army as surgeons, before they can receive commissions as staff officers. This will prevent the appointment of incompetent and irresponsible persons.

From the report of the Trustees of the Massachusetts General Hospital and the Insane Asylum, for 1860, I take the following items. The total expenses of the year were \$110,329; of which sum \$67,750 were disbursed for the Asylum at Somerville, and \$42,578 for the Hospital in this city. The receipts were \$4,567 more than the expenditures; but this is owing to an extra dividend of \$15,000 received from the Hospital Life Insurance Company: otherwise there would have been a deficit of \$10,432. Of the receipts, \$62,712 were derived from board paid for patients at the Asylum, and \$5,209 from the same source at the Hospital.

There were 121 patients admitted to the Asylum during the year ; 39 were discharged well, 17 much improved, 20 improved, 9 not improved, and 24 died. The whole number under treatment was 296, and at the close of the year 189 remained at the institution. During the same period, 1240 medical and surgical patients were admitted to the Hospital ; 698 were discharged well, 305 relieved, 73 not relieved, 39 not treated, and 121 died ; 136 remained under treatment at the end of the year. 4271 out-patients were attended during the year. The report of Dr. Tyler is an interesting and instructive paper. We give one or two quotations :

“ Too much can hardly be said of the great importance of an *early* resort to proper treatment in *every* case of insanity. No instance of decided mental obliquity should ever be considered of trifling moment. As the brain is the most important organ of the human system, so any indication of its ill-working should be regarded with serious concern, and reference to its immediate and entire correction. It should be understood that the mischief of all those temporizing expedients and second-best ways commonly resorted to, and almost never with benefit—such as supervision at home, visiting acquaintances, traveling with friends—does not consist merely in a loss of time and a proportionate deferring of recovery, nor in the simple aggravation of the disorder to a more protracted yet limited disease, but in this—that to these ill results is superadded the fearful one of irrecoverably wasting the period in which the disease is amenable to remedies, and fixing the fact of its incurability. In the form of disease which is of a melancholy and depressing nature, a prompt and right course is preëminently important, not only for the reasons above given, but for the tendency to self-destruction, which always exists in such cases. The woful experience of the last year in multiplied instances in our community gives greater emphasis to this consideration than any words can give.”

Among the genial and enlightened expedients resorted to, in the treatment of this class of invalids, may be mentioned the following :

“ As many of the family as could safely do so, have visited the different places of interest and amusement in the city. The Aquarial Gardens, the Picture Gallery of the Atheneum, and the Mechanics' Fair have been visited with great satisfaction. Some have enjoyed the Opera and the Museum, and others were delighted with the wonderful chorus of the children in the Music Hall, at the School Festival and the Prince's visit, and many have witnessed the various military parades, and the regattas upon the neighboring rivers. In their season, large sleighing parties have been made up and followed by festivities, and the holidays of the year have, as usual, been celebrated by social gatherings in 'the oval room.' ”

In addition to the above sources of entertainment, horses and carriages, for rides and drives, are furnished ; ball-playing, billiards



and bowling, gymnastic exercises, lectures, musical entertainments, suitable books and periodicals, etc., have been provided, to restore the wandering reason to its natural domain.

From the report of the Boston Dispensary, I learn that the number of patients treated for the six months ending April 1, 1861, was 6,821 ; at the Central Office, 3,068. Medical patients, 1,874—males, 459 ; females, 759 ; children under fifteen, 617. Surgical patients, 1,194—males, 422 ; females, 337 ; children under fifteen, 435. Patients treated at their homes, 3,753—males, 637 ; females, 1,433 ; children, 1,683. Discharged cured or relieved, 3,499. Entered Hospital, 96. Died, 117. Number of prescriptions, 17,688. Average cost of each, four cents.

The Eighteenth Registration Report of Massachusetts for 1859 has been received. I shall give you an analysis of it in a future letter.

Our State Medical Society will meet in this city, on the 29th of this month. The annual dinner will be dispensed with this year, as the Society has a debt to liquidate.

B.

---

## Reviews and Notices.

---

*Hand-Book for the Military Surgeon:* being a Compendium of the Duties of the Medical Officer in the Field, the Sanitary Management of the Camp, the Preparation of Food, etc., with forms for the requisition for supplies, returns, etc., the Diagnosis and Treatment of Camp Dysentery, and all the important points in War Surgery: including gunshot wounds, amputations, wounds of the chest, abdomen, arteries and head, and the use of chloroform. By CHAS. S. TRIPLER, A.M., M.D., Surgeon United States Army, and GEO. C. BLACKMAN, M.D., F.R.M.S., Prof. of Surgery in the Medical College of Ohio, etc. Cincinnati: Robt. Clarke & Co., Publishers, 55 West Fourth Street. 1861. Pp. 121.

This little book has been gotten up by the publishers to supply a want of the times. It is divided into ten chapters, with the following headings: Chap. 1. Duties of the Medical Officer—Organization of Field Hospitals—Modes of Procuring Supplies. Chap. 2. Military Hygiene—Preservation of the Health of Troops in Campaign. Chap. 3. Camp Dysentery. Chap. 4. Of the General History, Character and Treatment of Gunshot Wounds. Chap. 5. Amputations. Chap. 6. Wounds of the Chest. Chap. 7. Wounds of the Abdomen. Chap. 8. Wounds of the Head. Chap. 9. Wounds of the Arteries. Chap. 10. On the Use of Chloroform.

Our readers will be able to form a very good opinion of the scope of the book. To the well-read physician, and sound practitioner, there is not much, if anything, new in it. It, however, only professes to be a compendium. It conveys on almost every page the impression that there is little for the medical man to do in the army but to treat wounds, and perform operations. A single exception to this remark is found in the chapter on Camp Dysentery.

M. Scrive "tells us that in the late Russian War 309,268 was the grand total of men of all arms sent from the shores of France to the East, of whom not less than 200,000 entered the *ambulances* or army hospitals; of these only 50,000 were entered for *wounds*, while 150,000 were admitted for diseases of one kind or another, mostly fevers and dysentery."

Again: Dr. Lyons, of Dublin, Chief Pathologist to the British Army in the Crimea, in his recent work on Fever, uses the following language: "A complete and thorough education in the pathology and therapeutics of Fever constitutes, in my mind, the first and most essential requirement of the Medical Officer."

We do not, however, condemn this little book. No doubt some of those who hold the responsible post of Medical Officer to the troops, will be benefitted by its perusal.

We must not forget to say that the mechanical execution of the work reflects credit on its publishers.

For sale by Robt. Clarke & Co., Fourth Street. Price \$1.00.

---

*A Treatise on Fever: or Selections from a Course of Lectures on Fever.* Being a part of a Course of Theory and Practice of Medicine, delivered by ROBERT D. LYONS, K.C.C., etc., etc., Physician to Jervis Street Hospital, etc., etc., Late Pathologist-in-Chief to the British Army in the Crimea, etc., etc. Philadelphia: Blanchard & Lea. 1861. Pp. 362.

Many may ask the question, Is there a necessity for another work on Fever? The author was induced to publish this book for the purpose, he tells us, of bringing "within the reach of the student and junior practitioner, in a convenient form, the more recent results of inquiries into the pathology and therapeutics of this formidable class of diseases." In the list of contents, we find: Chap. 1. Devoted to General Considerations. Chap. 2. General Pathology of Fever. Chap. 3. Classification of Fevers. Chap. 4. Simple Continued Fevers. Chap. 5. Varieties of Synochal Fever. Chap. 6. Typhus Fever. Chap. 7. Typhoid Fever. Chap. 8. Typhoid Fever of Crimea. Chap. 9. Yellow Fever. Chap. 10. Pathological Anatomy of Yellow Fever. Chap. 11. Yellow Fever in Lisbon.

We do not find anything very new in the book.. The author is evidently a sound pathologist, and like all of the Dublin School, an able practitioner. For the student and young practitioner, it will be read with profit.

For sale by George S. Blanchard, Fourth Street. Price \$2.00.

---

*An Essay on the Remote and Proximate Causes of Miasmatic Fever.* By C. A. LOGAN, M.D. Published by order of the Leavenworth Medical and Surgical Society.

This is a very interesting essay, and reflects great credit on the author. He has been a great sufferer from miasmatic fever, and has enjoyed a large practice in Indiana and Kansas where miasmatic diseases prevail. We have not room for the many passages which struck us, in reading it. The cause of miasmatic fever, according to the author, is dependent on "*imperfect oxygenation.*" Very strong arguments are sketched, and striking facts adduced to show that vegetable decomposition has nothing whatever to do in the production of what are called periodic or malarial fevers. Periodicity is no proof, he tells us, of their miasmatic origin. He claims that periodicity is a physiological function of the nervous system. We commend this essay to those of our readers interested in the subject, as well worthy of careful reading. The author will, doubtless, be happy to send a copy to any one who may desire it.

---

### Editor's Table.

---

*Military Surgeons.*—We very much fear that the soldiers, in all parts of the country, will suffer, in spite of Medical Boards to examine the qualifications of those surgeons who will have charge of them. We opine that the most of those who are seeking place in the medical staff, labor under the belief that the greatest part of their work will be surgical. This is a great mistake, as all have learned who have read the medical records of the Crimean and Italian campaigns. No man should be appointed a surgeon, or mate, who is not an excellent pathologist and good therapist. For every amputation or minor operation, as the ligating of arteries or dressing of fractures, he will have ten cases of fever, pneumonia, erysipelas, and dysentery to treat. We have reason to believe that the surgical qualifications have been more



looked to than the medical. If so, God help the sick soldiers, for the surgeons, we fear, can not. It is scarcely necessary for us to say, that to be a good surgeon, one must be a good physician. Physical diagnosis, pathology, clinical experience, and pathological anatomy, are all a *sine qua non* for him who essays to be a surgeon. Let us hope that we may be mistaken as to the qualifications of those who are now serving in the various regiments.

---

*Medical Appointments to the Ohio Regiments of Volunteers.*—The Board of Medical Examiners, composed of Profs. J. R. Hamilton, Whiting, and Blackman, appointed by the Governor to examine applicants for the places of surgeons and surgeons' mates to the volunteers furnished by the State to the General Government, held its first meeting in Columbus, April 29th. The Board adopted the rule that no person could be examined for surgeon who had not a diploma from a regular school, and practiced ten years; five years' practice was required of the candidates for surgeons' mate. The examination was made by written questions and answers. The following were recommended after the first examination, for surgeons: C. E. Boyle, M.D., Columbus; J. A. Coons, M.D., Dayton; O. Ferris, M.D., Upper Sandusky; J. F. Gabriel, M.D., Piqua; J. A. Kyle, M.D., Xenia; H. M. McAbee, M.D., Canton; C. S. Muscroft, M.D., Cincinnati; J. D. Robinson, M.D., Wooster; Benj. Tappan, M.D., Steubenville; S. D. Turney, M.D., Circleville; S. Loving, M.D., Columbus.

Surgeons' Mates: E. D. Hill, M.D., Oxford; R. Wirth, M.D., Gilboa; F. W. Ames, M.D., Cincinnati; W. Z. Gett, M.D., Columbus; S. Sexton, M.D., Cincinnati; John B. Rice, M.D., Fremont; W. K. Shrift, M.D., Putnam Co.; C. H. Swain, M.D., Toledo; H. H. Seyes, M.D., Springfield; F. Salter, M.D., Fayette Co.; D. S. Young, M.D., Cincinnati; F. D. Morris, M.D., Hamilton.

At the second meeting of the Board, held in Columbus May 10th, the following gentlemen were recommended for surgeons: C. A. Schwartzwilder, M.D., Ironton; Douglas Day, M.D., Zanesville; G. L. Meyer, M.D., Cleveland; B. B. Brasher, M.D., Canal Dover; W. W. Ames, M.D., Orrville.

Surgeons' Mates: W. C. Daniels, M.D., Toledo; T. J. Cleveland, M.D., Cleveland; W. H. Drury, M.D., Columbus; C. F. Denig, M.D., Grove City; C. J. Bellows, M.D., Jefferson; J. M. Morrow, M.D., Mansfield.

Drs. McDermont, of Dayton, McMeens, of Sandusky, and McMillen, of Columbus, were appointed by the Governor before the assembling

of the Medical Board. They are well qualified. Drs. J. D. Webb, of Cincinnati, Willson, of Sidney, and Greenleaf, of Cincinnati, were also appointed Surgeons' Mates at the same time by the Governor.

At present, Drs. McDermont and Webb are serving with the Second regiment; Drs. McMillen and Wilson, with the First; Drs. R. R. McMeens and Seyes, with the Third; Drs. McAbee and Cantwell with the Fourth; Drs. Ball and Greenleaf, with the Fifth; Drs. Loving and Ames, with the Sixth; Drs. Cushing and Salter, with the Seventh; Drs. Tappan and Sexton, with the Eighth; Drs. Muscroft and Wirth, with the Ninth; Drs. Boyle and Rice, with the Tenth; Drs. Gabriel and Hill, with the Eleventh; Drs. Holmes and Swain, with the Twelfth; Drs. Turney and Shrift, with the Thirteenth; Drs. Coons and Young, with the Fourteenth; Drs. Ferris and Drury, with the Fifteenth; Drs. Robinson and Denig, with the Sixteenth; Drs. Kyle and Cleveland, with the Seventeenth; Drs. Schwartzwilder and Mowry, with the Eighteenth; Drs. Brasher and Morris, with the Nineteenth; Drs. Hill and Bellows, with the Twentieth; Drs. W. W. Ames and Daniels, with the Twenty-first; Dr. Douglas, with the Twenty-second.

---

*The Financial Troubles* and embarrassments of the country can not fail to seriously affect the medical journals. Very few medical journals are a source of pecuniary profit to their proprietors; hence in a crisis like the present, they must materially suffer. Our readers and patrons should bear this in mind. The subscriptions are small in amount, individually, and can be borne without serious hardship even in the tightest times; in the aggregate they constitute our life-blood. We must therefore exhort our friends in these times of excitement and trouble, all the more specially to bear us in mind. We can not retrench our expenses. Our printer's bill goes right ahead just the same as in the most prosperous times; our paper maker comes in regularly with his claim.

---

*The State Medical Society of Indiana.*—This Society held its annual session at Indianapolis on the 21st and 22d of May. We were not present, but learn that the attendance was good, most of the papers read being both didactic and suggestive, and the discussions animated and edifying. The address of the retiring President, Dr. Woodworth, of Fort Wayne, is represented as a scholarly production, giving in sharp outlines practical medicine as it is and as it ought to be. Altogether there appears to have been a pleasant and profitable time.

*The Oglethorpe (Savannah) Medical and Surgical Journal.*—The April number of this journal comes to hand with the name of J. C. C. Blackburn, M.D., Professor in the Oglethorpe Medical College, associated in the editorial management. We welcome Dr. Blackburn to the fraternity, wishing him all the joys without the annoyances incident to his new position. By the way, we observe a large portion of the editorial department of this number of the *Oglethorpe Journal* is devoted to a hash of political twaddle on the national troubles. We think all such demonstrations are in exceedingly bad taste, to say the least. We think it highly proper that doctors—and editorial doctors, if you please—have their political proclivities as firmly fixed and deeply rooted as other men; but there is a time and place for all things, and to give a prominent place in a respectable scientific journal to the flash politics of the day—even if it be an argument for the Southern Confederacy—is about as sensible as to introduce the same matter in a proposition of Euclid, or the  $-x^2$  of Bonnycastle.

---

*Trustees of the Commercial Hospital.*—The following gentlemen constitute the Board of Trustees, under the new law, reorganizing the Commercial Hospital: Dr. D. Judkins and Mr. Mayer, appointed by the Superior Court; Dr. J. J. Quinn and Alex. Long, Esq., appointed by the Court of Common Pleas; N. W. Thomas, Esq., by the Governor; Geo. Hatch, Mayor of the City, and Mr. Lindeman, the oldest member of the Board of City Infirmary, constituting the other two. The Board has held two meetings, and are engaged in drawing up rules and regulations for the Hospital.

---

*The Pattern Doctor's Wife.*—Dr. Gardner, in his eulogy on the late Dr. John W. Francis, thus speaks of the Doctor's wife: "That Dr. Francis achieved all that he did, is in no small degree owing to the opportunity afforded for the expansion of his genius, by the freedom from domestic cares, by the methodical disposition of household matters, by the relief from many of the annoyances, petty vexations, and harassing disturbances incident to the life of a practicing physician. She it was who attended to the innumerable callers desirous of the Doctor's signature to petitions, influence with parties, mere loungers, aiming only to pass off their vacant hours agreeably. She received his professional calls, arranged his numerous consultations, remembered the ages of the children in his practice, provided virus, and saw that they were duly vaccinated. She attended to the nightly calls, thus preventing the exposure which, to the Doctor, was so apt to



be followed by most serious laryngitis. I have necessarily alluded to these facts, because to them the Doctor owed so much of the time which he used to such good purpose, and because it seemed due to pay a passing tribute to the exemplary, devoted, genial, beloved woman, the pattern doctor's wife."

---

*Godey's Lady's Book* continues to reach us with the most desirable punctuality, and with the same abundance of good things for the eye of the ladies. The June number is already on our table, with beautiful engravings, patterns and designs. The price is \$3 per annum to single subscribers, 2 copies for \$5, and 5 copies for \$10. It stands at the head of this class of publications, and is safe for any domestic circle.

---

*Physicians in the United States.*—According to the *Nashville Medical Journal*, the number of physicians in the United States amounts to 40,481. In Massachusetts there is one physician to 605 inhabitants; in New York, one to 611; in Pennsylvania, one to 561; in North Carolina, one to 802; in Ohio, one to 465; in Maine, one to 884; in California, one to 860.

---

*Cassell's Illustrated Family Bible.*—Parts 29 and 30 of this beautiful serial have been received at this Office. They embrace the conclusion of Proverbs, Ecclesiastes, Solomon's Song and part of Isaiah. The whole is profusely illustrated, and the wonder is how the publishers can afford thirty-two pages of such illustrated matter at the low price of fifteen cents.

*Cassell's Popular Natural History* is another illustrated serial from the same publishers—the parts issued monthly at the same low rates. Part 25 begins vol. iii., giving the History of Birds. These attractive publications are from Messrs. Cassell, Petter & Galpin, 37 Park Row, New York.

---

*The Savannah Journal of Medicine.*—This journal has taken its place as a monthly of forty pages, instead of a bi-monthly. Dr. Alfred B. Tucker, Professor of Chemistry in the Savannah school, assisted by Prof. R. D. Arnold, of the same school, are the editors. We wish them success.

---

*A New Book on Military Surgery*, by Prof. Frank H. Hamilton, embracing his recent lectures, is in press by the Baillières, of New York, and will be issued in a few days.

—Dr. G. S. Walker, having become a Homœopath, has been expelled from the St. Louis Medical Society.

—Dr. N. R. Mosely, of Philadelphia, has been elected an honorary member of the Ophthalmic Society of Paris.

—One hundred and thirty-three gentlemen received the degree of M.D., in the University of Louisiana, March 20th.

—Surgeon Clement A. Finley has been appointed Surgeon-General U.S.A., in place of Surgeon Thos. Lawson, deceased.

—Dr. Thomas W. Colescott, of Louisville, has been appointed physician to the U. S. Marine Hospital located in that city.

—Dr. A. B. Benedict has been elected Professor of Anatomy and Physiology, and of Materia Medica and Therapeutics, in the proposed Dental College of New Orleans.

—At the Commencement of the medical department of the University of the Pacific, at San Francisco, April 14th, the degree of M.D. was conferred on six candidates.

—Dr. McPheeters, one of the editors of the *St. Louis Medical and Surgical Journal*, and physician to the U. S. Marine Hospital, having resigned, Dr. Hammer has been appointed his successor.

—Dr. Ralph N. Isham, Professor of Surgical Anatomy and Operations of Surgery in the medical department of Lind University, has been appointed surgeon to the Marine Hospital at Chicago.

—The annual meeting of the Associations of Medical Superintendents of American Institutions for the Insane, which was to have been held on the 11th June, has been postponed for one year.

—The late Dr. Edward Rigby, of London, left all of his books on midwifery and the diseases of women and children, amounting to two hundred and twenty volumes, to the Obstetrical Society of London.

—At the Commencement of the University of Maryland, held in Baltimore, March 2, the degree of M.D. was conferred on sixty-one candidates. The Hippocratic oath was administered by Prof. N. R. Smith to each of the graduates, and the Valedictory was delivered by Prof. Hammond.

—We are happy to announce that Dr. Alexander Ingram, of this city, a graduate of the Medical College of Ohio, and late Resident Physician in the Commercial Hospital, has passed the army board now sitting in New York, and has been commissioned by the Secretary of War. The board is still in session, and will continue the examination until thirty gentlemen are found qualified for the place of assistant surgeon. We have already announced the mode of application to be made by those wishing to go before the board.

—At the meeting of the New York Academy of Medicine of the 15th May, Dr. T. G. Thomas was prevented from reading the minutes, in consequence of a disturbance arising from a charge made against him of entertaining traitorous sentiments towards the Federal Government.—*Medical Times*.

—We learn from a private letter that our friend Dr. C. A. Logan, of Leavenworth City, lost his entire library, instruments and cabinet by fire a short time since. This is a great loss, and can only be appreciated by those who, like Dr. Logan, are students, and delight in a large, well selected library. We understand he had the best and largest library west of St. Louis.

—Prof. A. B. Palmer, in a letter to the editors of the *Chicago Medical Examiner*, says that the legislature of Michigan at its recent session *did not* pass a law requiring the establishment of a chair of Homeopathy in the medical department of the State University of Michigan. We are heartily rejoiced to know this. It seems, from Prof. P.'s letter, that a member of the legislature, formerly a professor in the Eclectic concern in Cincinnati, introduced a bill into the lower house to establish a chair of Homeopathy, but it was lost.

—We have heard much said by several members of the profession in regard to the appointment of the Surgeon-General and Medical Director of the State Army, by Gov. Dennison. It is believed that there are many gentlemen residents and natives of the State, who were entitled to the place, and who would have performed the duties acceptably. It is to be supposed that the same reasons which induced the Governor to send to New York City for tent poles, operated on him to send to Arkansas for a Surgeon-General. It is to be hoped that the profession will make a note of this indignity, for future action.

—The Secretary of the Treasury of the United States having granted the use of the Marine Hospital to Dr. W. H. Mussey, for the treatment of the sick soldiers of the army at Camp Dennison, near Cincinnati, he is now fitting it up. He will be assisted by the following physicians: Drs. C. L. Avery, J. F. White, W. Clendenin, and J. A. Murphy. The citizens also are contributing largely. A board of ladies have been appointed by Dr. Mussey, to superintend the nursing and care of the soldiers. It is the intention to instruct and prepare ladies for nurses for the army. We understand that Major General McClellan has signified his approval of the entire plan.

—A board of medical officers will convene at the United States Naval Hospital, Brooklyn, N. Y., on June 1, for the examination of candidates for admission to the medical corps of the navy of the United



States. S. Barrington, M.D., John Lockwood, M.D., C. H. Wheelwright, M.D., and Passed Assistant Surgeon John Y. Taylor compose the board. Gentlemen desiring permission to appear before the board must make application to the Secretary of the Navy, stating their residence, place and date of birth, accompanied with respectable testimonials of moral character. Candidates are eligible between the ages twenty-one and twenty-five. The vacancies in the grade of assistant surgeon are numerous. Under the new order for enlarging the navy, thirty-nine places are to be filled. This affords an unusual opportunity for well-qualified young men.

---

## Editorial Abstracts and Selections.

---

PREPARED BY C. A. HARTMANN, M.D.

---

### PRACTICAL MEDICINE.

1. *Gout and Rheumatism*.—These two diseases are, in the opinion of Dr. Leclave, of the same nature, are often united to form one, and are cured by the same treatment, slightly modified. They are but two varieties of the same species, and occur either hereditary or acquired, in both cases rapidly becoming constitutional. We should commence with internal treatment, attacking the gouty or rheumatismal element by means of this syrup:  $\mathcal{R}$  Alcoholic extracts of aconite, digitalis, and peppermint, of each eight grains; aqueous extract of persicaria, sixteen grains; distilled water, enough to dissolve them; syrup of gum Arabic, ten ounces. Take a teaspoonful morning, noon and night, in a glass of gum-water. This dose, however, ought to be modified according to the case. The external treatment has for its object the mitigation of pain, a symptom in these diseases, and the dispersion of the swelling and œdema. For that purpose, the following lotion is used:  $\mathcal{R}$  Tinctures of ground ivy, squill, and peppermint, of each two ounces and a half; tincture of belladonna, two ounces. A compress impregnated with this fluid should be wrapped around the affected parts. In the more grave cases, the tinctures of ground ivy and belladonna can be increased, and the dose diminished again when the pain disappears.—*Journ. de Chem.-Méd.; Southern Medical and Surgical Journal*.

Saccharine of colchicum, meaning lump sugar saturated with the fresh juice of the flowers of colchicum autumnale, has been ascertained by Dr. Joyeux, of Mirecourt, to be one of the most certain remedies against gout and rheumatism. He prepares it by combining one hundred grammes of the fresh juice with five hundred grammes of sugar, and desiccating the mass. At the same time he employs, in friction, an extract obtained by evaporating the juice of the same plant. The

saccharine is administered in average quantity of about four scruples a day, divided in ten doses, one to be taken every hour. The author states that he has not met with a single case of gout which did not yield in two or three days to this treatment. Acute articular rheumatism disappears in fifteen or twenty days; in the subacute form the result is not equally satisfactory, a considerable amelioration only being obtained by these remedies. A good adjuvant in most cases will be found in an infusion of linden-flowers, to a pint of which one scruple of saltpetre is added.—*Gaz. Médic. de Strassbourg*.

Dr. Belli, an Italian physician, has for many years cured gout in the following manner: He gives for two or three days every fortnight, or at the first symptoms of the fit, a purgative composed of from ten drachms to one ounce of epsom salts, twenty-four grains of nitrate of potash, and about one grain and a half of sulphate of iron, the whole dissolved in a pint and a half of water. Weak subjects take the purgative every successive half hour, with a few cups of light broth, or an infusion of marsh-mallow, tea or chamomile. An excellent adjuvant to this method is the juice of the wild chicory, of which three ounces should be taken every morning, fasting. A decoction of the root of the same plant may be substituted, and either should be sweetened with an ounce of strawberry-syrup.—*Gazetta Medica di Toscana*.

In a work on gout and rheumatism lately published, Dr. Garrod recommends as a new remedy in chronic gout the carbonate of lithia, which possesses the very remarkable property of forming the most soluble salt of uric acid known. It is a fact that the mineral waters of Pyrmont, Mariensbad, Aachen and other places, which have been for many years regarded as peculiarly efficacious in gout and rheumatism, contain the same salt in moderate quantities.—*Boston Med. and Surg. Journal*.

There are two topical applications for gout, which are little used at present, but deserve a notice. One is the famous cataplasm of Gradier, made with powdered flax-seed, alcohol, balsam of Mecca and the tinctures of cinchona, saffron, sarsaparilla and sage. Hallé, who made a report on this remedy to the Académie de Médecin, attributed to it the property of accelerating the progress of gout, at the same time often quieting the pain promptly and giving rise to an abundant diaphoresis. It should, however, be used cautiously. Dr. Gendrin attributes to this application only the effect of a simple cataplasm. The fluid ingredients can be advantageously modified by mixing the tinctures of opium, myrrh and sarsaparilla. This mixture has proved frequently of good service in atonic gout, even with great pains. The other remedy referred to is compresses and cold affusions. The example of Harvey, who employed them on himself, has not been followed for fear of inducing internal affections, but we have known a lady who employed during twenty years nothing else against the most violent attacks of gout. She put her feet under a fountain, and kept them there, exposed to the streaming water, until the pain ceased. We are not, however, prepared to decide the question, if visceral gout may not arise from this treatment, when the attack is allowed to develop itself, at least more so than by suppressing it with cold applications

before it has been fully developed. Dr. Gattier Boissière, himself suffering from gout, has written a memoir on this affection, which is surely the most complete and most instructive monograph on that particular subject. In regard to the treatment he lays down the following rules: Promote the combustion of the nutritive materials by muscular exercise, which has the effect to diminish the quantity of uric acid contained in the blood, while it augments the amount of urea. Use abundant beverages, as recommended by Bouchardat, for the purpose of facilitating the dissolution of the uric acid. Refrain from the use of coffee, tea and liquors, beyond the assistance to digestion derived from them. The diet should be mixed, taking equal parts of animal and vegetable matters; among the former particularly the non-azotic, among the vegetables rather those which furnish malates, citrates and other salts, as well as those acids which form alkaline carbonates after their reception into the body. Augment the secretion of urine and diminish the pain by sulphate of quinine, which produces both these effects simultaneously. Finally, render the blood less acid by the use of alkalies in mixtures, baths, and frictions with appropriate solutions. Of special medicinal agents, the experience of Dr. Gattier proves that the preparations of potassa are infinitely more efficacious than those of soda. He prefers the bitartrate of potassa, one or two scruples a day in two pints of some fluid. The tincture of colchicum is advised by him on alternate days with the quinine, commencing with the small dose of thirty-two drops a day, which is increased one-fourth, if diuresis and diaphoresis do not follow; but never ought the daily dose surpass six scruples.—*Gaz. Hebdom.*

Lemon-juice has lately been extensively employed in rheumatism, and with considerable success, by Lebert, formerly Professor at Zurich. In the clinical report just published, lemon-juice is stated to have been given with excellent results, especially in cases where several joints were affected. Patients improved toward the third or fourth day; they were much relieved on the sixth, and save a few cases where relapses took place, convalescence was fully established toward the tenth or twelfth day. Dr. Lebert thinks lemon-juice, the use of which was introduced by English and American physicians, of great efficacy in rheumatism. He begins with four ounces a day, and gradually rises to eight, given by tablespoonfuls. Citric acid was also tried, but did not answer so well, and did not agree with the patients.—*The Druggist, from Arch. Pathol. Anat.*

Dr. Hartieng, nevertheless, has substituted successfully, for the very expensive juice, a solution of citric acid. He gives in from fifteen to thirty-six hours twenty grammes of the acid with two hundred and fifty grammes of water, and seventy-five to one hundred grammes of syrup. During this time the patient can drink water at discretion, the diseased part being enveloped in wadding. This treatment has been applied to forty-fives cases of rheumatism, many of which were very violent. In two cases merely a slight advantage was obtained; the result being very favorable in all the others. In many of them there was a considerable diminution of the pain and fever at the end of twenty hours, almost always until the third day. The complete cure



came on at the end of ten or fifteen days, not always dispensing with an ulterior sympathetic treatment to oppose many morbid states which remain, such as constipation, sleepiness, swelling, stiffness, etc.—*Deutsche Klinik*; *Journal de Chimie Med.*

According to Mr. Landerer, of Athens, the oil of garlic is employed in the East as a popular anti-rheumatic remedy. The bulbs, completely separated from their peelings, are put into a linen bag and suspended in a vessel, in the bottom of which is a little water, in the vapor of which they are boiled. After several hours the bulbs soften and form a paste, which is taken out and softly compressed. The juice is the oil of garlic, which has such strength that the parts of the body rubbed with it are highly reddened and covered with blisters. Its action in rheumatism is certainly very remarkable.—*Echo Med. Suisse*; *Nashville Journal of Med. and Surg.*

Dr. Eisenmann, of Wuerzburg, who denotes by the word "rheumatism" every affection arising in the healthy system by exposure to cold, no matter what particular organ is suffering, says he found the most efficacious remedy to be a mixture of colchicum and opium, a combination already famous among his friends under the name of "Eisenmann's drops." They consist of twelve parts of colchicum wine [made in accordance with the Prussian Pharmacopœia, macerating 150 parts of the seed in 770 parts of alcohol\*] and two parts of tincture of opium. Dose: twenty drops three times a day. These drops succeed well in acute rheumatic affections; they are of little or no use in old or chronic cases. The addition of corrosive sublimate in minute doses is often of great advantage. In robust patients, the preliminary abstraction of blood may be occasionally desirable. When the pains are very severe, tepid applications of a very weak solution of corrosive sublimate have given satisfactory results. Sometimes after a rapid amelioration by means of the colchicum, the pulse continuing irritable and the tongue loaded, an emetic or purgative expedites convalescence. Among the rheumatic affections of the mucous membranes, which may be rapidly and durably cured by means of the opiated colchicum, may be specified angina, pulmonary catarrh, influenza, gastric fever, catarrhal diarrhœa, and catarrho-rheumatic ophthalmia; among affections of the serous membranes, pleurisy and perihepatitis stand prominently forward as amenable to this treatment. In muscular rheumatism of the head, loins, etc., from two to four doses have always sufficed. The medicine is also of great efficacy in rheumatic neuralgia, especially facial or intercostal sciatica and odontalgia.—*Bull de Thérap.*; *Druggist's Circular.*

Dr. J. B. Snetson reports three cases of acute rheumatism, treated with chlorate of potash in the following formula: Mix six fluid ounces of a saturated solution of chlorate of potassa with half a drachm of the tincture of veratrum viride, and give of this a table-spoonful three or four times a day, followed at bed-time by ten grains of Dover's powder.—*St. Joseph Journal of Med. and Surg.*

\* This seems to be a mistake. The Prussian Pharmacopœia has a tincture and a wine of colchicum seed. They are prepared by macerating five ounces of the seeds with two pounds rectified alcohol or two pounds Madeira wine, respectively.

The bicarbonate of potassa is now acknowledged as a most valuable remedy in rheumatism. Its benefit is more apparent in acute cases, but not so well marked in the chronic form of the complaint. Here the nitrate of potassa, which has been long celebrated for its curative effect in rheumatism, may be substituted. It gave an excellent result in a case under the care of Dr. Parkes, at the University College Hospital.—*London Lancet*.

Dr. D. W. Bland employs against acute rheumatism the iodide of potassium. One drachm of it is dissolved, with two grains of sulphate of morphine, in half an ounce of the wine of colchicum-root, and five and a half ounces of water. Of this mixture, a dessert-spoonful is to be taken three times a day. As a local application, the same author advises a solution of muriate of ammonia, half an ounce to a quart of water.—*Med. and Surg. Reporter*.

Prof. Levick, of the Pennsylvania Hospital, has been experimenting with the chloride of propylamin. He has come to this conclusion in regard to it: "Without being prepared to decide positively as to the value of this remedy, I feel bound to state that in the cases in which we have tried it, the patients have regained their health much earlier than under the treatment ordinarily pursued."—*Ibidem*.

For chronic cases, with nodular swelling, B. J. Crew thinks another combination, the iodide of propylamine, might possess some valuable properties. It may be prepared by adding iodine to a convenient quantity of propylamine in a glass flask over a sand bath, as long as the iodine is taken up. The following formula may be worthy of an examination and trial: Iodide of propylamine, twenty-five drops; peppermint water, six fl. ounces; sugar, two drachms. Dose: a table-spoonful every two hours.—*Amer. Journal of Pharm.*

Dr. Lange has found large doses of sulphate of quinia extremely useful in acute articular rheumatism. He prescribes five grains of it with one grain of digitalis, to be taken four times daily. Sixteen doses are generally sufficient to effect a complete cure.—*Deutsche Klinik; North American Med.-Chir. Review*.

---

## SURGICAL.

2. *Treatment of Traumatic Tetanus*.—Dr. B. D. Carpenter, of Suffolk County, N. Y., reported, in the late *N. Y. Journal of Medicine*, sixteen cases of this disease, fifteen of which recovered under the use of Dover's powder, five to eight grains every three or four hours, and application of ice to the head and spine.

Dr. Cornax treated two cases with half a grain of tartar emetic every half hour, large doses of morphine and chlorate of potash, besides warm baths. One of the patients, aged sixty-three, whose primary lesion was mortification of a finger, recovered; the other, aged forty-one, having two fingers crushed, sank under the tetanic attacks.—*L'Echo Medical Suisse; London Lancet*.

In a case of scalp-wound and compound fracture of both legs, where almost all the usual remedies proved unavailing against the ensuing tetanus, Dr. Pescheux, of Paris, injected subcutaneously, along the

spinal processes of the cervical vertebra, a solution of sulphate of atropine in the proportion of one grain to one hundred of water. About two-thirds of Pravaz's syringe being used, the patient was seized with the symptoms of belladonna poisoning, which lasted about twelve hours. When they abated, the tetanic manifestations were much less severe. Another injection, made twenty-four hours afterwards, did not affect the patient so much as the first, but was followed by perfect recovery.—*London Lancet*.

3. *Hare-Lip*.—Dr. Guernsant presented to his colleagues of the Surgical Society of Paris, a child forty-two days old, born with a very complicated double hare-lip. The division of the hard and soft palate was most complete; but in addition, the division of the upper lip, on each side, extended up to the eyelid, so as to expose the eyeball. Most of the members of the society thought it urgent to operate, at least on one side, on account of the perils which threatened vision. Dr. Guernsant did not participate in this opinion; at the next meeting of the society, he seized the opportunity of expounding his ideas relative to the proper period for the operation of hare-lip in infants. According to him, it may be performed after birth, but not during the first few days of life, because, to insure success, the child must not only be viable, but vigorous—a circumstance which can not be well ascertained for the first fortnight. The operation should therefore take place between the second and sixth week of life; for complicated hare-lip, it ought to be still further postponed. In the latter case, it is performed in several periods. It is important to leave the child time to gain strength,—an interval during which it may be vaccinated. In most cases, it is expedient to wait with the operation till the child has attained the age of twelve or fifteen weeks.—*Championnière's Journ.*

4. *Laryngoscope*.—Liston recommended, in his "Practical Surgery," for examination of the larynx, a "speculum on a long stalk, previously dipped in hot water, introduced with its reflecting surface downward, and carried wet into the fauces." This hint, however, remained unnoticed till 1855, when Garcia made his autolaryngoscopic investigations by means of a mirror placed against the soft palate, receiving the reflected of the larynx upon a second mirror placed in front of the observer. This laryngoscope was soon abandoned again. Since 1857, some practitioners in Germany, more particularly Dr. Turck, in Vienna, and Prof. Ezermack, in Pesth, have devoted their attention to this subject, and finally contrived an apparatus capable not only of assisting in the diagnosis, but of serving to guide the hand and otherwise assist in the treatment of disease of these parts.

Prof. Ezermack's laryngoscope consists of a small metallic mirror, varying in size from six to fourteen lines in diameter, square, with rounded edges (oval according to Turck's proposal; found by Dr. Levin, of Berlin, more convenient when semicircular, with a concave inferior margin), soldered to a slightly-flexible metallic handle. To prevent the mirror from becoming dim by condensation of vapor upon its surface, it is necessary to warm it, previous to introduction, by dipping it in hot water, or holding the unpolished surface over the flame



of a small spirit lamp. Ezermack does not, like Garcia, depend upon the light of the sun, but has adopted the method of artificial illumination employed by Prof. Helmholtz in ophthalmoscopic operations, using a perforated concave reflector, or illuminating mirror, by which the light of an ordinary lamp can be concentrated upon the larynx-speculum. This second mirror is fixed either round the head of the surgeon, or attached to a large spectacle frame, or held between the teeth of the observer, by means of a suitable ivory handle, or suspended from a support screwed to the corner of the table on which the lamp is placed. As the distinctness of the image depends upon the brilliancy of the illumination employed, it will be found advantageous to concentrate the light of the lamp upon the concave mirror by means of a powerful bi-convex lens. Dr. Levin has devised a highly convenient apparatus for this purpose, consisting of a tin tube carrying a convex lens of two and a half inches focal distance, and about the same diameter, which can be fixed horizontally over an Argand lamp.

The patient is seated in front of the operator, with his hands resting on the knees, the body inclined forward, the head thrown back, the mouth wide open, and the tongue as much depressed and flattened as possible. The lamp is best placed to the right of, or a little behind the patient. The operator supports the head and chin with his left, and introduces the speculum with his right hand, while the patient is ordered to take a deep inspiration and emit the sound of *a* alternately. By this the velum and uvula are raised so as to permit the introduction of the mirror with greater facility, which is then directed to suit the position of the part to be inspected.

Laryngoscopy, thus performed by a dexterous and experienced hand—because it requires much experience to acquire facility in its practice—enables not only the deeper portions of the larynx to be examined, but even the bifurcation of the bronchi may be distinguished through the widely-opened glottis. On the whole, however, examinations of this kind are naturally surrounded by numerous difficulties, and can only be expected to succeed under a combination of favorable circumstances.—*Edinb. Med. Journ., and Med. Times and Gaz.*

5. *Diagnosis and Treatment of Paralysis of the Lower Extremities.*—Dr. Brown-Sequard holds the following views concerning this subject. Paraplegia is often the effect of an outside irritation, and its production can be explained by a reflex-action. All the other usual explanations can not be satisfactorily maintained. The womb does not produce paralysis by pressing upon the obdurator nerve and sacral plexus, except in cases of very great enlargement, as sometimes in pregnancy. In cases of disease of the prostata, urethra, or bladder, urine may, by not being freely expelled, become altered, and some of its principles may become absorbed and act as poisons; there is no proof, however, that paralysis has ever been produced in this way, it being rather dependent on the irritation starting from the diseased organ. Nephritis may cause paralysis by uræmic poisoning, but then other and most striking symptoms are combined with the paralytic affection. The alteration of the blood in diphtheria, teething, diseases of the bowels,

lungs and pleura, can result in a certain degree of paralysis; complete paraplegia, without diminution of voluntary movements elsewhere, can not be due to a cause circulating everywhere in the body. When, after an exposure to cold and wet, a man is suddenly seized with paralysis, without having the least symptom of rheumatism, we have no right to place his affection in the vague group of rheumatismal paralyses. The paraplegia connected with pain in the skin, joints, or trunks of nerves, is erroneously ascribed to a central affection of the spinal cord, for it is caused by real inflammation. While all these propounded explanations, therefore, are inadmissible, it can be easily shown how paralysis takes place, by reflex influence, through an irritation starting from a sensitive nerve. This may happen in two ways: either by reflex contraction of blood-vessels, or by a morbid reflex influence on nutrition. Blood-vessels contract with energy, and sometimes even are seized with real spasm, either by a direct influence of their motor nerves, or through an excitation which, from some centripetal or excitomotor nerve, has been reflected upon them by the cerebro-spinal axis. This contraction of the blood-vessels causes paralysis on the spinal cord, in the motor nerves or in muscles. Thus a tightened ligature applied on the hilus of the kidney, or on the blood-vessels and nerves of the supra-renal capsule, induces contraction of the blood-vessels in the spinal cord, and consequently paralysis of the corresponding lower limb. Probably irritations, starting from the urinary and other organs, produce paraplegia in the same way. The reflex influence on nutrition is proved by many pathological facts and experiments on animals; it seems, however, to be a rare cause of paraplegia, except in wasting palsy (progressive muscular atrophy). But this influence may take place at any moment, in the course of a reflex paraplegia, so long as the irritating cause has not ceased to act, and a myelitis, or some other affection, may be generated by it.

In the treatment of reflex paraplegia, it is to be recollected, that there are two groups of this affection: one in which the amount of blood circulating in the spinal cord is too considerable, and another in which the opposite condition exists. Of the various remedies, which are too often blindly employed, there are some that diminish the quantity of blood in the spinal cord, such as mercury, the ergot of rye, and belladonna; while others, such as strychnine and brucine, increase that quantity. It is quite evident that, to employ a remedy of either of these two kinds, in both of the two groups of paraplegic cases, is a most dangerous thing. Reflex paraplegia is usually accompanied, and most likely produced, by an insufficiency of the amount of blood in the spinal cord. It ought not, therefore, to be treated by those remedies which diminish the quantity of this fluid in the spinal nervous centre.—*Savannah Journ. of Med.*

6. *Plaster of Paris in Dental Surgery.*—Mr. C. C. Lyon, a dentist of Rhode Island, recommends the introduction of semi-solid plaster of Paris into the socket for the purpose of arresting the excessive hæmorrhage sometimes following extraction. But instead of mixing the plaster with simple water, it will be better to combine it previous-

ly with a strong solution of some powerful styptic, such as matico, tannin, alum or persulphate of iron. Other articles, as compressed sponge, gutta-percha or India-rubber, in a plastic condition, are also useful for plugging such cavities; even the tooth itself may conveniently serve for that purpose. In all cases the article thus used should, before insertion, be fully charged with some active and prompt hæmodynamic.—*Druggist*.

7. *Persulphate of Iron in Urethral Chancre with Hæmorrhage*.—A remarkable change to the better, resulting in complete recovery, was obtained by Dr. G. T. C. Browne, of Sacramento, in the case of a young, athletic man afflicted with two well defined Hunterian chancres on each side of the frenum. Cleaning the parts with persulphate of iron and opium in orange-flower water, puncture of the tumefied prepuce, dusting the surface with protochloride of mercury and sulphate of morphia, the local application of the lunar caustic and the internal exhibition of the proto-ioduret of mercury, all proved insufficient to prevent the development of chancre in the urethra. Painful erections, and profuse discharges of pus and blood from the meatus ensued. These discharges assuming an alarming character, the liquid persulphate of iron was injected. The copious flow of blood ceased immediately. In three days tumefactions, phymosis and adenitis were gone; in six days the chancres healed.—*San Francisco Med. Press*.

---

## DISEASES OF WOMEN AND CHILDREN.

8. *Remarkable Ovarian Tumors*.—Dr. J. H. Wythes, referring to a number of cases he met with, states that, in two or three instances, tumors, apparently ovarian, as large as a child's head, in one case persistent for four years, have been removed by the use of an ointment composed of belladonna and cicuta, with ungt. hydrarg. and lard—a drachm or two of the extract with an ounce of each of the others. In another case, where a tumor was so rapidly developed that in a month after it was noticed it had pushed aside the bladder and acted as a mechanical obstacle to the flow of urine, no treatment was of benefit, save such as did relieve the bladder and improve the general health. Two particularly interesting cases are the following:

1. *Proliferous ovarian cyst simulating artificial anus*. A lady of twenty years, while lifting a basket of crockery, was seized with pain in the left inguinal region, followed in a day or two by considerable swelling, which presented all the appearances of an abscess. After some time, a large amount of purulent matter was discharged by the urethra, with some relief. As the swelling still continued, and appeared to point above the pubes, it was opened at that place with the lancet. About four years after the appearance of the first symptoms, an opening was found in the abdominal walls, an inch and a half above the pubes, leading into a sinus four inches long, to the left side, along Poupart's ligament, from which both flatus and fæces had been passing for some time, though the most of the fæces passed naturally. On careful dilatation of the entrance with sponge-tents, two small open-



ings in the bowel were readily felt, about one-fourth of an inch in diameter, into each of which an elastic catheter could be passed. It could not be determined whether these openings had resulted from a strangulated hernia or an abscess. Although an operation appeared preferable to compression, the patient being considerably emaciated, and warm weather approaching, it was thought advisable to first improve her general health with a visit to the sea-side, etc. On the return of the patient there was but one opening in the bowel, large enough to admit the end of the little finger; a depression filled the place of the other opening. Compression had no further effect than to prevent the escape of feces in some degree. In April, 1857, the sinus was laid open by Prof. Gross and a large amount of unorganizable lymph removed. The opening in the bowel now proved small enough to promise a cure without a suture. A roll of lint was placed in the cavity, and covered with a compress, and the patient directed to remain quiet. The bowels being kept at rest for some days, the opening contracted somewhat, but would not heal, nor would the sinus fully granulate. By the 10th of November, however, the sinus had entirely healed under the influence of an elastic bandage. Twenty days afterwards, a new opening occurred, giving exit to a little pus, and in a day or two a second opening was seen; both of them being small sacs or pockets in the original sinus, while the old opening in the bowels remained closed. The patient was not prevented from exercise, but was ordered to take tonics from time to time. In February, the patient fell into a typhoid fever, and soon fell a victim to it. The obduction showed the peritoneal cavity full of feculent matter, apparently from a perforated bowel; but, externally, no communication existed between the old sinus and the intestines. These were much softened, and adhered to each other as well as to the omentum and peritonæum, by old and strong attachments. All the other organs, with the single exception of the heart and pericardium, exhibited also the most remarkable adhesions. Immediately in front of the bladder was an ovarian tumor or cyst, oval in shape, about five inches long and four broad. On slitting it lengthwise, a large mass of sebaceous matter was seen, full of hair, and two irregular bones in the membranous wall, with eleven well-formed teeth inserted into them. One of these pieces had two rows of teeth, some molar, others irregular in shape. This cyst was adherent to the descending colon and peritoneum in the neighborhood of the old sinus, as well as to the fundus of the bladder. The descending colon, considerably diminished in size, had been perforated from side to side. The uterus was flattened by the tumor, and distorted into an ante flexion; the other organs were also displaced in such a manner, as to render the detection of the tumor by external or tactile investigation impossible, in spite of a remarkably capacious pelvis. The pieces of bone in the tumor were covered with membrane presenting all the characteristics of true skin, and from this the hair alluded to proceeded. The latter, cleared from sebaceous matter, amounted to a large handful.

2. Ovarian cyst cured by iodine injections after an unsuccessful operation. Bridget McK.'s health had been always regular till after an

attack of fever, when she noticed a swelling in the right iliac region. which steadily increased. She had no menstrual discharge since. Twenty-one months after the fever, the abdomen was as large as at full term of gestation, the umbilicus protruded, and there was evident fluctuation; the womb small and retroverted, but movable. Diagnosis: ovarian dropsy. The first tapping evacuated five gallons of a yellow, semi-opaque fluid, strongly albuminous on boiling, and in which the microscope showed short hairs or acicular crystals, cholestearine plates and compound granules. In two days the cyst had filled again, being now most evident on the right side, but seemingly quite loose in the peritoneal cavity. Six days later an operation was attempted. Anesthesia having been produced by a mixture of chloroform and ether, Dr. Wythes made an incision, four inches long, in the course of the linea alba. From the flaccid condition of the abdominal walls it was necessary to divide the layers with a bistoury upon a grooved director. Upon reaching the peritoneum, which was altered in character, thick and fibrous, a fold of it was raised and a small incision made for the purpose of introducing the director, when a sudden gush of fluid showed that the sac had been punctured. The sac was found universally and firmly adhered to the abdominal parietes and viscera. A tent was introduced into the lower angle of the wound, the edges brought together by twisted sutures and adhesive plaster, a wet compress and bandage placed over all, and the patient put to bed. Antiphlogistics and opiates were administered. About a fortnight later, after evacuating a pint and a half of exceedingly offensive pus, two ounces of the tincture of iodine were injected, followed in two days by four more. A continuance of these injections, repeated every few days for six weeks, and the application of an elastic abdominal bandage, effected a complete cure. A pint and a half of the tincture had been used. The menses returned and resumed their regular appearance, and the health of the patient became fully reëstablished.—*N. A. Med.-Chir. Rev.*, May.

9. *Hypophosphites in Anæmic Conditions of Children.*—In a case of great prostration, apparently ready to terminate in death, which had followed pneumonia in a scrofulous female child eleven months old, Dr. O. C. Gibbs, of Frewsburg, N. Y., resorted to the syrup of the hypophosphites of lime and soda, giving five drops every two hours; and, to his surprise, the little patient commenced immediately to improve, and made “a rather slow but perfect recovery.” Upon this experience, Dr. Gibbs bases the proposition to administer the syrup of the hypophosphites in all those conditions of children simulating hydrocephalus, but really depending on anæmia; the syrup is certainly less objectionable, and may prove more efficacious, than strychnine, which has been recommended for similar cases.—*N. York Med. Press; Amer. Med. Monthly.*

10. *Diagnosis of Ovarian Tumors.*—In the paper already referred to, Dr. W. L. Atlee says: Prior to the rise of the tumor above the brim of the pelvis, there exist slight evidences of its existence; afterward, the tumor is felt on one side of the median line, circumscribed, elastic,

movable, seldom sensitive. As it increases, it takes a more central position, and encroaches on the abdominal contents. If unilocular, fluctuation does not extend beyond the borders of the tumor; if multilocular, hard masses will be felt. Percussion gives a flat sound over the tumor, and a resonance at its borders. All these symptoms may be absent, or diametrically opposite, and yet ovarian disease be present. The general health is usually undisturbed; but there may be indigestion, diarrhoea, hæmorrhoids, anasarca, dyspnoea, and great emaciation. The catamenia may go on naturally or be suppressed. If at different examinations, and made in different positions of the patient, the dullness, resonance, and fluctuation appear the same, the tumor may be considered as ovarian. Rectal and vaginal examination can not be dispensed with. Tapping is an important means of diagnosis, but should only be used to relieve urgent symptoms, or to decide the question of an operation which ought never to be performed without it. The point for inserting the trocar should be the linea alba, from two to four inches below the umbilicus. An unadhered unilocular cyst will sink as the contents flow out, and the resonance, on percussion, will be above where a dull sound was formerly heard. If there are a number of cysts, it may become necessary to pass the trocar into all of them. A rare complication is a large ovarian sac, immersed in a great quantity of peritoneal fluid; on tapping, this escapes, and the existence of the tumor becomes evident. This yields a different fluid. Sometimes the contents are viscid and will not flow out. In cases of colloid tumor, fluctuation may exist without any fluid. A clear, transparent fluid rarely comes from an ovarian cyst. But when the microscope reveals cell-forms in abundance, rich in oil and combined with blood-globules, epithelial cells, pus, the case may be set down as one of ovarian disease.—*Philad. Med. and Surg. Rep.*

A patient of Dr. Boinet, objecting to an examination because well assured of having ovarian tumor, had the same punctured. After the evacuation of more than forty-two pints of serum, iodine injections were employed. The first one, however, caused such intense pain, that there was little room to doubt its entrance into the peritoneal cavity. Universal purulent peritonitis followed; but happily the woman recovered from what had evidently been ascites.—*Gaz. Hebdom; Brit. and For. Med.-Chir. Review.*

11. *Radical Cure of Ovarian Tumors.*—Dr. Otto von Franque reports (*Scanzoni's Beitr., B. IV.*) twenty-six operations performed during the last eighteen months, in London and elsewhere. Fourteen patients recovered; eleven died from consequences of the operation, and one woman, in whom the extirpation could not be accomplished on account of too firm adhesion, died four months afterwards from internal spontaneous rupture of the cyst. The operation is at present usually performed in the following way:

The patient takes, a little previous to the operation, several doses of opium, and, if very weak, some brandy with water. The operation is never performed except during complete chloroform-narcotism. An incision having been made in the linea alba, of sufficient length and



depth to expose the tumor, a large trocar is inserted, and after the evacuation of the fluid, the existing adhesions are separated with the fingers, or, if highly vascular, with the cecraseur. The tumor is now raised, its peduncle ligatured and severed; the remaining portion is secured to the wound by a clasp, not unlike to Ricord's fenestrated circumcision-forceps. Spencer, Wells, and Atlee employed the cecraseur successfully in dividing the peduncle. The after-treatment consists, principally, in large doses of opium in combination with stimulants, especially brandy with water, and port wine. While thus in England ovariectomy seems to be gaining ground, the advocates of that operation in Germany rather decrease in numbers.—*Vierteljahrsschr. f. Prakt. Heilk., B. 66.*

12. *Arsenics in Menorrhagia, etc.*—The plan of Dr. A. P. Burns is to give immediately from ten to twenty drops of Fowler's solution, repeated every fifteen or twenty minutes, until the hæmorrhage is checked. From three to five drops of the same remedy are given, three times a day, for the cure of leucorrhœa. In either affection, if there is debility, the solution is combined with three ounces of tinct. cinch. comp. and two drachms of tinct. canthar., a teaspoonful three times a day, occasionally with the addition of spirits æth. nitr. and tinct. opii camph. The arsenical solution is also stated to be a prompt and effective remedy against the hæmorrhage, in treating abortion, or after delivery.—*Amer. Journ. of Med. Sciences.*

13. *An Abdominal Tumor*—mistaken for one of the ovary, has been described by Dr. W. L. Sutton. At first, two distinct tumors were felt, and they continued for fifteen years, when the patient died. Upon examination of the corpse, the liver was found enormously enlarged and extending to the pelvis; the gall-bladder large, but containing healthy-looking bile; lower portion of the liver dark-colored, thickened, and exhibiting several spherical elevations of different sizes. Connected with the left end of the pancreas, there was a fleshy tumor, five inches in diameter and ten long, running upward and toward the left side, and more or less adhesive to every thing with which it came in contact.—*Semi-Monthly Med. News.*

---

## Miscellaneous Selections.

---

1. *Progress of Practical Medicine in France.*—We have on several occasions, lately, referred to the fact that French Doctors are beginning to learn that the administration of stimulants is of use, in certain classes of diseases which affect the human body; and that with fear, and trembling, and astonishment at the results, some of our Gallic brethren have been bold enough to administer such remedies even in febrile diseases. We may readily understand that such an antithesis in practice—a direct jump from leeches, bleeding, and cupping, and *eau sucrée*, to rum and brandy—should be a source of bewilderment to

the Professional Body of France; for the fact is, notwithstanding railroads and telegraphs, the French physician, as a rule, is totally ignorant of the practice of the English physician. In some way or other, however, our stimulating method of treating some diseases has begun to find favor in the eyes of the Frenchman; but, in adopting this treatment, he appears to be perfectly unaware of the fact that it has been, for many decades, an ordinary mode of practice in this country. He thinks, in fact, that he has made a noble discovery. The enthusiasm with which this discovery has been received, is indeed somewhat a surprise to the English medical man. Dr. Borden, who has pointed out the hygienic and therapeutical effects of wine in anæmia and marsh fevers, has even gone so far as to demand the cultivation of the vine around every farm and every village in Sologne; and, writes his critic, if his hopes be accomplished, misery and fevers will disappear from that country.

Dr. Jules Guyot also has a word on wine, which we recommend to the consideration of our total-abstinence men. Ordinary wine, taken regularly with bread and other solid substances at meals, is a precious aliment. The wine-growers say that a barrel of wine is worth a sack of wheat; and, in fact, two pounds of bread and two bottles of wine a day are more nourishing, enabling them to work better than four pounds of bread and two quarts of water. Whether the fact results from an actual assimilation, or merely by nervous excitement, is a matter for the chemists; it is certain that the effect is constant and permanent, and so far from shortening life, the wine diet actually prolongs it. Wine, says an old adage, is the milk of old men; and among vintagers, octogenarians, gay and robust, may be seen by hundreds.

Once more let us have M. Borden: Wine is good, *intus et extrâ*, for the health of the lymphatic, and the anæmic, and for those who are exhausted by fatigue or disease, as well as by age. The topical uses of wine have been too much overlooked—its use in injection and in medicated drinks. The sweetened draught of wine given to the newly-delivered woman, is no barbarous custom; it may anticipate puerperal diseases; a drink of hot wine is often efficacious in curing sudden chills and colds; injections of warm wine were long the only cure of hydrocele; and the best injections, in *fluor albus*, and some affections of the womb, are still made of Roussillon wine. Indeed, the only virtue contained in many of our drugs, resides in the spirituous vehicle which carries them. M. Guyot does not say that this vinous principle can be considered as a panacea for all diseases, but that wine and spirits are aliments, and hygienic, and that they assist in—and even determine—the cure of a large number of diseases, he is certain. “I do not hesitate in declaring,” he adds, “that they offer greater therapeutical resources than opium, quinine, and all other officinal bodies. They are rapid and powerful in action, and are aliments as well as medicines. A good glass of warm rum will cut short intermittent fever;” and of this the doctor gives illustrations. Who, after this, will consent to be bled and purged, and otherwise tortured in his ague-fits? Quinine will cure your ague, it is true, all in good time, but *this* remedy will cut the cold stage short then and there. Follow up the commencing

attacks with the hygienic draught, and you will soon tire cold ague out. He will recede before your well-directed and spirited artillery. What says the shade of Broussais to these heretical doctrines?—*Med. Times and Gaz.*, March, 1861; *N. Orleans Med. and Surg. Journ.*, May, '61.

2. *Glycerine Ointments*.—Dr. Simons, of Berlin, has recently introduced glycerine ointments into practice, which have been amply tried in Germany. They are prepared by mixing one part of starch with five parts of glycerine, at a temperature of 70° R. (190° F.) These ointments have the advantage that they can not become rancid, and they completely dissolve iodide of potassium, nitrate of silver, bichloride of mercury, alkaloids, extracts, etc. They are in many cases preferable to the common fat ointments, and especially the glycerine ointment of the red precipitate has proved very useful in Ophthalmic Surgery—*Med. Times and Gaz.*, Feb., 1861.

3. *Syphilitic Disease of the Liver*.—According to Frerichs, the syphilitic process manifests itself in the liver in three different forms: 1, as simple interstitial hepatitis and perihepatitis; 2, as gummy hepatitis (*gummöse hepatitis*); and 3, as waxy, amyloid, or lardaceous degeneration. All three forms may be found in the liver, or may exist independently. The last of the three forms is also produced by other cachectic conditions of the system, such as the tubercular diathesis, and the cachexia induced by intermittent fever; and is pretty generally recognised. The first two are less known.

In the bodies of persons having suffered from constitutional syphilis, white cicatrix-like depressions, of a folded or radiated form, are often found upon the outer surface of the liver, the capsule of which is usually at the same time much thickened and firmly adherent to the surrounding parts. Sometimes there is only a single depression; at other times, the depressions are so numerous as to give the liver an irregularly lobulated appearance. On careful examination, these depressions are found to be formed of fibrous tissue extending from the thickened capsule more or less deeply into the interior of the gland, the secreting tissue of which is atrophied. The fibrous tissue, in most cases, is dense and tendinous, and contains but few blood vessels. The larger branches of the portal vein, bile-ducts, and hepatic veins, as a rule remain uninvolved, except in very rare cases, where the cicatrices extend deeply into the interior of the gland. Hence this lesion is rarely the cause of either ascites or jaundice.

In the second form the cicatrices just described contain whitish or or yellowish nodules of a rounded form and dried appearance, usually varying in size from a linseed to a bean, but occasionally as large as a walnut. Under the microscope these nodules are found to consist of oil-globules, granular matter, cells loaded with oil, and areolar tissue. They thus resemble in their structural characters the gummy nodules (*Gummiknoten*) which are met with in the subcutaneous areolar tissue, beneath the periosteum, in the testicle, and in other localities, in cases of constitutional syphilis.



In both these two forms of disease, the hepatic tissue intervening between the cicatrices or nodules is either normal in its character, or more commonly in a state of fatty degeneration. In many cases, also, there is a characteristic hypertrophy, resulting from enlargement of the lobules, which compensates for the loss of substance.

The implication of the liver must, in Frerich's opinion, be classified with the phenomena of the tertiary stage of syphilis.

The symptoms which accompany the first two forms of the disease are usually so obscure that no suspicion is entertained of the liver being diseased, until the *post mortem* examination. On the other hand, the symptoms of the waxy or amyloid form are so marked that there is rarely much difficulty in forming a diagnosis. —(Frerichs, *Klinik der Leber Krankheiten*, vol. ii.)

---

4. We publish with pleasure, says the *Boston Medical and Surgical Journal*, the following excellent directions for the sanitary conduct of the troops in the field, which constitute the substance of a report prepared by Dr. John Ware, of the State Medical Commission, to be communicated to the Massachusetts regiments in active service.

"Soldiers should recollect that in a campaign, where one dies in battle, from three to five die of disease. You should be on your guard more against this than the enemy, and you can do much for yourselves which nobody can do for you.

"1. Avoid, especially, all use of ardent spirits. If you will take them—take them rather *after* fatigue than before. But tea and coffee are much better. Those who use ardent spirits are always the first to be sick, and the most likely to die.

"2. Avoid drinking freely of very cold water, especially when hot or fatigued, or directly after meals. Water quenches thirst better when not very cold and sipped in moderate quantities slowly—though less agreeable. At meals, tea, coffee and chocolate are best. Between meals, the less the better. The safest in hot weather is molasses and water, with ginger, or small beer.

"3. Avoid all excesses and irregularities in eating or drinking. Eat sparingly of salt and smoked meats, and make it up by more vegetables, such as squash, potatoes, peas, rice, hominy, Indian meal, etc., when you can get them. Eat little between, when you have plenty at meals.

"4. Wear flannel all over in all weathers. Have it washed often when you can; when not, have it hung up in the sun. Take every opportunity to do the same by all your clothing, and keep everything about your person dry, especially when it is cold.

"5. Do not sit, and especially do not sleep on the ground, even in hot weather. Spread your blanket upon hay, straw, shavings, brush-wood or anything of the kind. If you sleep in the day, have some extra covering over you.

"6. Sleep as much as you can and whenever you can. It is better to sleep too warm than too cold."

"7. Recollect that cold and dampness are great breeders of disease.

Have a fire to sit around whenever you can, especially in the evening and after rain, and take care to dry everything in and about your tents.

"8. Take every opportunity of washing the whole body with soap and water. Rub well afterwards. If you bathe, remain in the water but a little while.

"9. If disease begins to prevail, wear a wide bandage of flannel around the bowels.

"10. Keep in the open air, but not directly opposed to a hot sun. When obliged to do this, a thin, light, white covering over the head and neck, in the form of a cap with a cape, is a good protection.

"11. Wear shoes with very thick soles, and keep them dry. When on the march, rubbing the feet, after washing, with oil, fat or tallow, protects against foot sores."

5. *Indian Hemp*.—The *Archives of Medicine*, No. vii, contains an article from the pen of Dr. J. Russell Reynolds, of London, "On some of the Therapeutical Uses of Indian Hemp," in which the author claims for the drug a good share of confidence, when a proper case is selected, a pure drug employed, and a proper dose exhibited; and that the uncertainty of its action is due to the failure of one of these three conditions. He says, "Hemp is a soporific, anodyne, and antispasmodic; it relieves pain, and spasm, and conduces to sleep; in doing either of these it usually promotes diaphoresis and diuresis; whereas it does not leave behind it headache or vertigo; nor does it affect the appetite nor confine the bowels.

Its beneficial effects are illustrated, 1. In cases of mental or emotional disturbance. A remarkably intelligent boy, æt. 8, complained for four or five months, of frequent headaches, troublesome dreams, uneasy sleep with sighing respiration, etc. The sixth of a grain, taken every evening, soon restored perfect tranquillity. A merchant, who had suffered from yellow fever, became "excessively depressed in spirits, haunted with the gloomiest apprehensions and suicidal thoughts," nights restless. Extr. cannab. Ind., gr. ss., o. n., soon insured him good nights and days. A gentleman, æt. 78, mental powers failing, had been threatened with paralysis, and became extremely restless at night. A dose of gr.  $\frac{1}{3}$  to gr.  $\frac{2}{3}$  would induce sleep within ten minutes. This was continued for many months with the same success, it never being necessary to increase the dose. 2. For the relief of certain kinds of pain:—A young gentleman, who had suffered for several years from intense pain in the jaws, face, and head, was relieved by gr.  $\frac{1}{3}$  can. Ind., forma pil., o. n., Tr. ferri sesquichlor. 3 ss., t. d. An intelligent boy, æt. 7, was first noticed to clench his left hand involuntarily, afterwards suffering from violent headaches, located in the forehead, occurring once a week, followed by partial paralysis of the left side. Was relieved by can. Ind., gr.  $\frac{1}{4}$ , bis die, with potass. iod., gr. iv., and dec. cinch. 3j. A gentleman, æt. 59, suffered for twenty years from pain in right scapula, and corresponding portion of the spine; afterwards numbness and tingling down the arm, similar to that produced by

pressing on the nerve at the elbow. Extr. can. Ind., gr.  $\frac{1}{3}$ , t. d., forma pilule; sin. camph. c. opio, pro usu; syr. ferri iodidi, m. xxx., t. d. "Within a fortnight the pain was completely removed; the tingling sensation, however, persisted." A clergyman, *æt.* 70, complained of pain in left side of neck and back, extending to the head, followed by difficulty in articulation. Tongue deviated to the left, head drawn towards left shoulder, arcus senilis marked, spirits depressed. The pain was relieved by can. Ind., gr.  $\frac{1}{3}$ , *ter die*. A young lady, of highly nervous temperament, was relieved of severe attacks of hemi-crania by gr.  $\frac{1}{3}$  doses, given thrice daily. 3. In certain forms of convulsions:—An officer in a cavalry regiment, *æt.* 28, had suffered from slight epileptic attacks, gradually increasing in severity, until they at length became frequent and tetaniform. Though not entirely cured, the severity of the fits was greatly relieved by gr.  $\frac{1}{3}$  doses every three hours. A gentleman, *æt.* 45, of good general health, but subject to frequent excitement, was suddenly seized with a violent convulsion, followed by heavy and stertorous sleep, and after by maniacal excitement for fifteen minutes, which passed into another fit, passing through a similar series of symptoms about once an hour. After failure of the ordinary methods of treatment, gr. j. of can. Ind. was given, and rejected by the stomach. Another dose given and retained, which afforded complete relief. By the same treatment, a case of obstinate vomiting, in a young lady, was entirely cured, and an epileptic youth was greatly relieved. On the other hand, it was absolutely useless, in most cases of epilepsy, hypochondria, and the various hysterical affections. To give a bird's-eye view of the whole subject, the remedy was for the *relief of*

#### *Emotional Disturbances.*

Successful in: 1. Deranged cerebral circulation, with pain and delirium. 2. Incipient insanity after yellow fever. 3. Senile ramollissement.

Unsuccessful in: 1. Hypochondriasis. 2. Temporary, recurrent religious melancholy. 3. Insomnia with diabetes.

#### *Painful Affections.*

Successful in: 1. Nervous irritation from carious teeth. 2. Probable tumor of brain. 3. Probable thickening of spinal meninges. 4. Hæmorrhage at roots of eighth and ninth nerves. 5. Syphilitic meningitis. 6. Hemicrania.

Unsuccessful in: 1. Sciatica. 2. Hysterical hip-joint. 3. Hysterical headache.

#### *Affections of Motility.*

Successful in: 1. Meningitis. 2. Intense cerebral congestion. 3. Obstinate nervous vomiting. 4. Recurrent convulsions.

Unsuccessful in: 1. Epilepsy.

It does not, like opium, purchase present relief at the expense of future misery. The value of the medicine seems enhanced, because the limitation of its action will enable us to apply it with scientific selection.



## Obitua! Record.

---

IN Cincinnati, May 21st, Dr. WILLIAM KRAUSE. Dr. K. was a German by birth and education. He came to the city some eight years ago, and occupied a high position in the profession. A man of superior education and medical accomplishments, he was a gentleman in the strict sense of the word in his professional intercourse. He had been appointed Surgeon to the 9th (German) Regiment the day before his death. He was eminently qualified for the post.

At a meeting of the Medical Profession of Cincinnati in the Dental College, Monday evening, May 27th, Dr. W. P. Thornton was called to preside, and Dr. W. H. McReynolds was chosen Secretary.

Dr. E. Williams announced that the object of the meeting was to give appropriate public expression to the regret, which, as professional brethren and personal friends, they felt for the untimely death of the lamented Dr. Wilhelm Krause. After a brief statement of the personal history of Dr. Krause, some allusions to the intimate friendship which had existed between them for the past six years, and a eulogy upon his character, Dr. Williams offered the following resolutions:

*"Resolved,* That we have received the intelligence of the sudden and unexpected death of Dr. Wm. Krause, with the deepest sorrow.

*"Resolved.* That we feel a melancholy pleasure in giving expression to the fact that he was held in the highest esteem by all who knew him, not only as a thorough and skilful physician, but as an honorable, intelligent, high-toned gentleman and a valuable citizen.

*"Resolved,* That we deplore his sad and untimely loss to the medical profession; to the interest of science and humanity, and to his relatives and many friends who weep over their bereavement, and who will ever cherish his memory with the saddest, but most tender, emotions."

Dr. Dodge spoke in a touching manner of his acquaintance with the deceased; of his talents and bright professional prospects, so suddenly extinguished by the hand of death. Other remarks of a similar character, were made by Drs. McIlvaine, Comegys and Murphy, after which the resolutions were unanimously adopted.

On motion of Dr. C. G. Comegys, the resolutions were referred to Drs. Williams, Rosenfeld and Dodge, with instructions to publish in the city papers, and send copies to the relatives of the deceased in Germany.

---

ON Friday, May 21, Mrs. MARY W. SHOTWELL, widow of the late Prof. JOHN T. SHOTWELL. She was an estimable lady, beloved by all who knew her.

---

DIED, in New York, May 13th, 1861, DAVID MEREDITH REESE, M.D., LL.D., aged about sixty years.

The decease of this well known physician will be quite unexpected to the profession, so recently did he announce himself as convalescent. He was deceived as to the true nature of his disease, and was so encouraged by the first symptoms of improvement, as to regard his case as curable. He had long suffered with symptoms of cardiac disease, which, during the latter part of winter, became more manifest. The particular lesion was in the aortic valves, leading finally to dropsical effusion. For several weeks before his death the lower extremities became enormously distended, and large quantities of the effused fluid constantly escaped through abrasions. This condition resulted in mortification of the feet and legs, and upon this supervened tetanic symptoms, with which life was terminated, Monday morning, May 13. He was attended by Drs. Mott, Carnochan, and O'Reilly.

Dr. Reese was born in Maryland, about the year 1800. He graduated in medicine at the University of Maryland, March 26, 1819, his inaugural thesis being *De Mania Religiosa*; and settled in practice in Baltimore. He passed through the epidemic fever which devastated that city in 1819, and wrote a 12mo. pamphlet upon it soon after its disappearance. He was afterwards appointed "Professor of the Institutes of Medicine and Surgery and Medical Jurisprudence in the Washington University of Baltimore," and subsequently held professorships in the Albany Medical College, New York, and the Castleton Medical College, Vermont. It was about this time that Dr. Reese took up his residence in New York. He acquired so much professional and political influence as to be appointed Resident Physician to Bellevue Hospital, a position which he retained for several years, until the office was abolished in 1849.

In 1830 he brought out a new edition of Cooper's *Surgical Dictionary*, his most important literary undertaking. This work had previously been twice republished in this country—first edited by Dr. Dorsey, of Philadelphia, under whose supervision it passed through a second and third editions; and subsequently a fourth London edition appeared, which was republished with an appendix by Mr. William Anderson, of New York. The author issued a fifth and sixth London edition, and it was the latter which Dr. Reese edited. He also edited a seventh edition, which was published by the Harpers in 1848, with a Supplementary Appendix designed to embrace "all the recent improvements in Europe, since the date of the former edition in 1838, and a record of the meritorious operations performed by American surgeons." The editorial notes contain much matter of interest relating to American surgery, but the historical portion is not sufficiently authentic.

On retiring from the hospital, Dr. Reese engaged in private practice, and soon after began the publication of a weekly medical journal, which, however, was soon changed to a monthly, in which form it has continued to be regularly issued up to the present time. It has been a periodical of no scientific merit, being the medium rather of the loose scandal afloat in the profession; its circulation and its influence have been limited.

Dr. Reese was one of the original members of the Academy of Medicine, and drafted its first constitution. He always took a deep interest in its affairs, was seldom absent from its meetings, and entered heartily into its discussions. He was a ready and fluent speaker, a good debater, familiar with parliamentary rules, and often succeeded in carrying his point by the skilful use of this knowledge. At the meeting of the American Medical Association held at Nashville, Tennessee, in 1857, Dr. Reese was elected second Vice-President. During the following year he gave a certificate in his official capacity to an expelled member, who was an applicant for the post of Resident Physician in the Blockley Hospital, Philadelphia. This person succeeded in his application chiefly through this certificate. The course of Dr. Reese created so much feeling in the profession, that at the next meeting of the Association he was compelled to offer an apology for his course; the apology was accepted, and the subject dismissed. On the reorganization of the New York Medical College last year, Dr. Reese was appointed to the Chair of Practice of Medicine, and during the past winter gave a full course of lectures.

As a writer, Dr. Reese was widely known not only in medicine, but in politics, religion, etc. He wielded a rapid and vigorous pen; but he was neither happy in the choice of subjects, nor in the manner of treating them. His arguments were too often specious, his style inflated, and his illustrations inapt. He exhibited an almost total want of power of discriminating the true character and motives of men, and was thus frequently led to attack with great vehemence the best members of the profession, and attribute to them motives which a generous mind would scorn to entertain. This unfortunate peculiarity brought him in constant and unfriendly collision with his professional brethren, and completely nullified his influence. His most useful papers were his reports to the American Medical Association, the last of which, on Medical Education, is replete with mature and well-digested views of this all-important subject.—*American Medical Times*, May 18, 1861.

# THE CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

JULY, 1861.

No. 7.

---

## Original Communications.

---

ARTICLE I.

### Making One Finger of Two Pieces.

---

BY E. S. COOPER, A.M., M.D.

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific,  
San Francisco, California.

---

Mr. J. C., æt. 50, employed in a steam planing mill, had his hand accidentally caught in the machine, and the dorsal surface of all the fingers and thumb shaved off. The bones of all the fingers, including the dorsal surface of the terminations of all their metacarpal bones, were lost, but the bones of the thumb only on the dorsal surface.

On dressing the hand I cut off the fleshy slips remaining of the index and next fingers of convenient lengths to be appropriated to covering the corresponding portion of the wound. But having finished thus far the dressing of the wound, the idea occurred to me to bring the slips of the other two fingers together, to see if they would not unite and in time make a moderately fair substitute for one finger; which was accordingly tried successfully. Several stitches were taken, a part on either side, but no two opposite each other, for fear of producing strangulation of the blood-vessels when inflammation should come on. The parts united by first intention for the most part, and in three months after the injury a very respectable finger was the result.

A great degree of flexibility in the connexions between the metacarpal bones grew out of the motions made by the daily efforts of the patient to make the thumb and finger meet. And such was the attendant success that, had the thumb not been wounded, the patient would by this time (eight months after the injury) be able to follow his usual



employment. The artificial finger would do very well, and there is so much flexibility in the metacarpal bones that they begin to lap around and grasp any substance the patient attempts to hold. But the thumb was so much curled and distorted during the process of cicatrization, in consequence of its injuries, that it is comparatively useless, so that the restoration of the hand to usefulness has only been partial. But the degree of facile mobility and strength in the finger is beyond what my most sanguine hopes could have anticipated. The solidity produced partly by his persevering efforts to seize and hold objects is truly surprising, and convinces me that this experiment is destined to succeed when repeated under favorable auspices.

The change of structures to correspond with the uses they perform is too well known to bear dwelling upon here. Everybody knows that the softer tissues will often change to the harder, even to bone, under the influence of active and long continued motion; and that bone is frequently produced where none existed before, from the same cause: example, the sesamoid bones. Thus in accordance with this established law, how could we expect anything else than that the tissues would harden in proportion to the time elapsing and to the degree of motion instituted, as in this case.

Further, I am convinced by experience that but few fingers, not absolutely torn into shreds, should be amputated, even in cases of lacerated wounds, because they can nearly always be saved and made useful. This will often occur even when the bones have been crushed.

Conservative surgery, with all its achievements, is still in its infancy.

---

ARTICLE II.

**Rennet-Whey as an Article of Infantile Alimentation.**

BY C. A. LOGAN, M.D., LEAVENWORTH CITY, KANSAS.

All writers upon the diseases of infancy agree upon the fact that a very large proportion of them is caused, either directly or indirectly, by an improper and reckless alimentation. More particularly is this the case with infants, up to the period of entering upon the process of the first dentition. In many parts of the West, and especially the newer portions of it, the babe from the hour of its birth is dosed, by the advice of some sage female friend, first with salt and water, molasses, or even a little *whiskey*, to *cut the phlegm*, and then with teas, cow's milk, cracker and water, and a multitude of other articles, to prevent the imminent danger of immediate starvation.

Strange indeed would it be, if the delicate digestive apparatus, designed in the first periods of its action to appropriate only a simple fluid adapted by nature to the wants of the infantile system, were to come out of the ordeal of such a monstrous treatment with a capacity to perform even that uncomplicated function ; and fortunate is it if the mother with a healthy breast of milk come to its rescue. In many cases, however, owing to various causes, this is impossible, and the little fellow, in default of a wet-nurse, is doomed to the "bringing-up-by-hand " process.

The important question then arises, as to what article shall atone for the shortcomings of the maternal breast. Although the milk of the goat and ass is admitted to approach more nearly than any other in properties to the human milk, yet as it is often impossible to obtain these, the cow is usually settled upon as the source of the requisite pabulum. Now, although this fluid is usually diluted with one-half or two-thirds water, yet a very limited knowledge of chemistry in its application to physiology would be sufficient to convince us of its wide difference in composition and properties from the milk of the human female. The conditions of life under which the young of the two species are placed require a radical difference in the quantities of the various ingredients ; for while the offspring of the cow is enabled in a short period after birth to go upon his feet and to locomote actively, the helpless charge of the woman lies in an imbecile condition upon her lap for many weeks, and it is even months before the function of locomotion is exercised to any degree whatever.

In the case of the brute it is evident that the diet must preponderate in histogenetic material, to supply the destruction of tissue caused by the muscular exertion. There does not exist so much need for the calorifacient element, as heat is abundantly generated in the above process. In conformity with this state of things, we find that there are in 1000 parts 68 of the histogenetic principle *casein*, and but 28 of the sugar of milk and 40 of butter, representing the calorifacient elements. In the human infant, on the contrary, there not being the same amount of muscular waste, the histogenetic pabulum is required to a much less degree, but as a consequence the respiratory must be amply furnished, to sustain the animal temperature. This being the case, while there exist but 32 parts of casein in 1000 of human milk, there are 36 of the sugar of milk, and 29 of butter, making a much greater ratio of the calorifacient to the nitrogenous than in the case of the cow's milk.

The unfitness of the cow's milk for the conditions of growth and

development of the human infant is well illustrated by this statement ; for a dilution of the milk with water, while it truly lessens the percentage of the casein, likewise lessens the calorific principles to the same extent ; and although an attempt is made to overcome the disproportion by sweetening it with sugar, yet it is a fact well known to physiologists that cane-sugar, differing in composition and properties as it does, can but imperfectly perform the function of that elaborated by the animal economy. That it may do so to a certain extent is evidenced by the fact that many children thrive well upon such a mixture ; but when such cases are thrown into a count with those in which it does not agree, it becomes apparent that such cases are exceptions. The physician who has had his patience tried, and remedies exhausted, by fruitless efforts to subjugate habitual attacks of colic in a child fed upon such food, will attest the truth of this assertion.

The evil of a too feculent alimentation, it is well known, resides in the irritation of the digestive organs which it creates, whereby colic from the elimination of the gaseous products of fermentation ; diarrhoea in its various forms, together with all the diseases of the digestive tract, which carry so many children to the grave, are engendered. Especially is a diet consisting too largely of solid material liable to generate disease during the evolution of the teeth, and particularly if it occur during the hot months, when the whole digestive surface is in a state of highly exalted sensibility.

If consequences of such magnitude follow an artificial milk diet, what is to be expected when the child from the first few weeks is fed upon bread, crackers, potatoes, chicken, beef and mutton soups, etc. ? Let the records of the sexton tell.

Dr. J. F. Meigs, in his admirable work on the diseases of children, recommends a mixture very highly, composed of gelatine, milk, cream, arrow-root, sugar and water. Experience for six years with this preparation has convinced me of its value. The proportion of milk is small, and the gelatine, cream, arrow-root, and sugar being combustible substances, subserve the heat-making function, and often the child does better upon it than anything I have ever tried.

For infants, however, within three months, who have unfortunately been deprived of their natural aliment, and especially for those whose stomach and bowels have become so irritable from the unnatural cramming of improper food that they can digest nothing, however simple, I have found the *rennet-whey* to be a most satisfactory food,—being easily assimilated; meeting the requirements of the system, and



allowing the impaired or lost digestive tone to be restored to a normal condition. The method of preparation is, to heat perfectly pure and sweet milk to a temperature of  $120^{\circ}$ , and to each pint drop in a piece of rennet about the size of a pea. When coagulation of the casein ensues, strain through a coarse cloth, sweeten well, and it is ready for use. By boiling it is rendered susceptible of being kept much longer.

This process reduces largely the percentage of the casein, while it does not interfere with the respiratory elements of the food. It is sufficiently nutritive for the early weeks of infancy, and especially in those irritable conditions before mentioned.

It must be remembered that the entire amount of casein in the milk is not coagulated by the rennet, for a certain portion of casein is contained in the oil-globules which constitute the cream — quite enough, probably, for the purposes of histogenesis. If, however, individual cases require a larger percentage of the nitrogenous element, small quantities of pure milk may be afterwards added.

A little case that I had under my personal supervision for two months, that was truly in a forlorn condition of deranged nutrition and consequent emaciation, was put upon the rennet-whey food ; and purely for the sake of experiment, the casein which had previously been removed by coagulation was re-dissolved in water by the interocution of an alkali, and added to the whey in gradually increasing portions, from time to time, so as to imitate as nearly as possible the varying composition of the mother's milk. During the two months that he was under my direction he was fed exclusively upon this food, and improved in health with a surprising rapidity. At the end of the two months he was enabled to do well on equal parts of cow's milk and water, and was afterwards judiciously inducted into the pleasures of a full infantile diet table.

In a number of cases where no other preparation was tolerated I have found rennet-whey to act like a charm in calming the irritability of the digestive tract, vanquishing colics, checking diarrhœas, and in restoring the suffering infant to health.



*Weight of Liver.*—Bartholinus reckoned the weight of the liver in relation to the whole body as 1 to 36 ; Frerichs, as varying in healthy persons from 1 to 17 to 1 to 50 ; Haller, as 1 to 25. Haller sets down the medium weight of it at 45 ounces ; Cruvelhier, at 3 pounds ; Huschke, at from 4 to 6 pounds.

## ARTICLE III.

## Rare Cases in Ophthalmic Practice.

BY E. WILLIAMS, M.D., CINCINNATI, OHIO.

*Laceration of the Choroid by a Blow on the Eye.*—R. C. R., a middle-aged man, came from Indiana to consult me, on the 10th of last September. On the night of the 8th of June previous he was struck on the eye by a ball of cotton-wick, that had been dipped in melted rosin and ignited. As the lids were closed when the blow was received, the only injury to the eye itself was from the concussion. When the resulting slight inflammation had subsided, he discovered the following peculiar defect of vision. Whenever the eye was fixed on any object, a perpendicular blurred appearance was observed, as though a narrow strip of thin gauze were suspended between him and the object. Its centre occupied a position corresponding to the axis of vision, and although he could easily recognize whatever was behind the blur, and even read fine print through it, still it was not as clear as to either side, where everything was quite natural. In fixing the eye on a standing tree, the veiled perpendicular strip, which was dimmer than the rest, occupied the middle of the trunk. The corresponding field of vision was not diminished or contracted in any direction, nor was there any other imperfection except the one just mentioned. External appearance of the eye was natural, and the pupil as active as the other.

After dilating the pupil, I made a careful examination with the ophthalmoscope. Lens and vitreous humor perfectly clear; optic papilla and retinal vessels normal. On requesting the man to direct the eye to the hole in my instrument, I at once detected a long, white, slightly crescent-shaped spot, the centre of which occupying, as nearly as I could determine, the position of the *macula lutea*. Except in being less curved, the crescent was shaped very much like the new moon, the concavity presenting towards the optic papilla, and the horns presenting the one directly upwards and the other downwards. In length it was about three times the diameter of the papilla; and in width, at its widest part perhaps about one-third of said diameter. Bounding it along either edge, from one end to the other, were minute brown dots of pigment, contrasting strongly with the brilliant white portion within those limits. I could not trace any of the retinal vessels across the figure, although some fine ones could be followed nearly to it, and one was seen curving closely around the superior horn and continuing

its course towards the periphery of the retina. Notwithstanding my inability to trace any vessels across the choroidal cicatrix, there was every reason to believe that the retina had not been lacerated. There was no loss of transparency, inequality, or other appearance indicating traumatic lesion of that structure.

After the discovery by the ophthalmoscope of the rent in the choroid, I again tested the vision most accurately, by causing him to look at a fixed point on a large map suspended on the wall, some four feet from him, the other eye being closed. Then by carrying a gold pencil, held close to the map, from that point successively in different radiating directions, and urging him to pay strict attention to it, I reassured myself that there was no defect in any part of the field of vision except the slight perpendicular blur in the centre, which corresponded to the laceration in the choroid. I found the point on the map where the image of the pencil fell on the optic papilla and was invisible; then moved it slowly, so that the image traversed the retina in the direction of the macula lutea. After leaving the optic disc it was quite clear till it reached the axis of vision, where it became dim, and then emerged again in its natural clearness on the opposite side. If the retina had been lacerated with the choroid, vision beyond it in the sector bounded by two radii drawn from the centre of the papilla through the two extremities of the crescent, and continued on to the ora serrata retinæ, would have been null. The absence of this phenomenon, therefore, precludes the possibility of any solution of continuity in the retina. The patient was a man of intelligence, and I could rely upon his statements with full confidence.

The whiteness of the figure seen by the ophthalmoscope was caused by the strong reflection of light from the inner surface of the sclerotic. The shape of the spot was such as would have resulted from a curved laceration of the choroid, in consequence of its elasticity.

At the time I examined this man and noted the results, I had never seen a case reported of isolated rupture of the choroid detected by an ophthalmoscopic examination. I find, however, a short account of two such cases in *Graef's Archiv*, vol. i., p. 402, which I will translate entire:

1. "A baker, through a severe injury, had suffered a fracture of the os nasi and contusion of the eyelids, with simultaneous impairment of vision. The central portion of the field of vision appeared to him darkened, as he could only with difficulty decipher large letters. On examination some weeks after the accident, the optic papilla, with a rhombic portion of the background of the eye surrounding it, was separated from the rest by a small, reddish-brown stripe. The figure



was open only in the angle directed upwards and inwards; on all other sides it was closed,—so that the parts enclosed by the strip only were continuous with the other healthy background at that point. For the rest, the retina and choroid within the enclosed figure were in the most of their extent of a normal appearance; for a short distance, however, close to the brown border, the choroid exhibited little streaks of ecchymosis. At the time I could make no more definite diagnosis than that it was the remains of a hæmorrhage from the choroid, caused by the trauma. But during observations kept up for several months, the ecchymoses disappeared, and a light brown pigment remained in their places, and the bordering dark stripe grew lighter and lighter till it became finally brilliant white, only bounded by brown lines along its margins. It was then perfectly evident that the choroid to this extent was ruptured; and it was the sclerotic that gave the brilliant reflection through the transparent retina that lay over it. The vessels of the retina could be followed uninterruptedly over the rupture, except that one large vessel was likewise torn across. From this it appeared to me that the retina was not ruptured with the choroid, or at most only in limited portions. Besides, if the continuity of the retina had been interrupted to the same extent as the choroid, it would have been impossible to see as well as he did. The state of the vision was not altered even half a year afterwards, from what it was at the first examination.

2. “A girl in her twentieth year consulted me on account of convergent strabismus, and a high degree of impairment of vision in the right eye, both of which had remained as the result of an injury. I found the musculus abducens very inactive, and by an ophthalmoscopic examination a very bright stripe, which reflected the light strongly and which extended from the papilla inwards across the background of the eye, having about the width of half the diameter of the optic disc and five times its length. Its margins were marked by rusty brown pigment masses, and two retinal vessels were seen running uninterruptedly across the stripe. I referred these changes also to a rupture of the choroid. The patient could only recognize very large print, and moderately large with strong convex glasses.”

In the Ophthalmic Hospital Reports for October, 1860, I find a short paper on “Scars of the Choroid after Traumatic Rupture,” by Dr. P. Frank, in which he says:

“I have had opportunities of observing two cases of a similar nature. In one the eye had frequently sustained direct contusion, and different choroid changes coexisted with the bright silvery streaks, pointing to fissures in that membrane.

“The second case is invested with peculiar interest. The choroidal rupture originated in an indirect injury, and the changes by which perfect blindness was finally induced supervened at a period remote from the date of the primary accident.”

The patient last referred to received a blow with a brickbat eleven years ago, over the right supra-orbital region, to which the author

attributes the lacerations of the choroid, of which he finds evidences in the presence of two white bands diverging from the optic papilla and crossed by vessels of the retina, which extend across the entire fundus of the eye, as far forwards towards the ora serrata as the eye could trace them. From his history of the case, and the other textural changes in the retina and choroid, I think it very problematical whether the bands described were scars from choroidal ruptures or not. I have seen quite similar appearances in the eye of a patient who was very amblyopic from previous choroiditis, and who never had received any injury. It is not impossible, however, that his opinion of their traumatic origin may be correct.

Whatever may be said of the correctness of the supposed traumatic origin of the ophthalmoscopic appearances in the other cases, it seems to me there can scarcely be a doubt about the existence of isolated rupture of the choroid in my patient, and in the first one described by Dr. Graefe. In my case the vision suffered less, and the situation and peculiar shape of the rupture were remarkable. Why it is that the retina, which is so delicate an organ, should resist the lacerating tendency of a concussion more than the choroid, is a point about which I will venture no opinion at present.

---

*Probable Trauma of the Optic Nerve.*—B. F. P., æt. 23, a healthy farmer, consulted me on the 27th of March, 1860. He stated that five years previously he fell from a load of hay upon an iron pitchfork, one of the prongs of which ran into the orbit above his eye so far that it required considerable force to extricate it. Instantaneous, complete and permanent blindness ensued. About a table-spoonful of blood escaped from the wound; and for the following three or four days he felt a pain and soreness immediately behind the eyeball, whenever it was rotated, but not otherwise. The wound healed in a few days, and he had had no trouble with it since, except an occasional slight pain, as he expressed it, in the *bone* back of the eye. *Status præsens*: Eye slightly divergent, but freely movable in all directions, and its external appearance natural. Pupil quite active, and like the other when both eyes are open, but if the sound eye is closed, it dilates to a large size and remains immovable. There has never been any sensation of light since the accident, and I can develop no phosphenes by pressure.

On inspection with the ophthalmoscope, the dioptric media are found quite transparent. The optic papilla is instantly seen, of a brilliant pearly white color, with tinges of pigment around its margin, which is ragged and irregular. The blood-vessels of the retina, espe-

cially the arteries, are smaller in size and less numerous than in the well eye. The contrast between the brilliant white nerve entrance in the amaurotic eye and the normal one in the sound organ is very striking.

I made the problematical diagnosis of direct injury, perhaps complete division, of the optic cord by the fork. I think the sudden and complete loss of all sensation of light, the pain and soreness experienced directly behind the globe on the slightest motion of the same, and the absence of all evidence, either from the sufferings of the patient or from the ophthalmoscopic examination, that the globe itself had been seriously injured,—all these facts point to lesion of the optic nerve in the orbit as the most reasonable cause of the amaurosis. If the concussion of the ball had been sufficient to produce instantaneous destruction of all sensation of light, one would most likely find the choroid lacerated, the retina torn, opaque or detached from the choroid, the vitreous humor showing remains of previous hæmorrhage into its substance, traumatic cataract or some notable lesion of the eye. The aspect of the optic papilla and retinal vessels indicate merely atrophy of those structures, a very natural consequence of lesion of the optic cord and cessation of the function of vision.

There was a small scar at the junction of the external third of the brow with the inner two-thirds, which the patient indicated as the spot where the fork entered. He thought it penetrated to the depth of two inches. If it had passed upwards, the supra-orbital plate and the brain would have been pierced. Had it gone more downwards, the globe of the eye would have received direct injury. Hence it must have penetrated in the direction of the apex of the orbit. That all the organs in that cavity but the optic nerve should have escaped without any serious damage is very remarkable, but not impossible. If similar accidents have occurred before, I have never seen any account of them.

---

*Tetanus from Injury of the Eye.*—On the 23d of last April I extirpated the right eye of a stout laboring man, which had been injured on the 5th of the same month, and had been excessively painful ever since. I found a thin scale of iron, half an inch long and over a quarter of an inch wide, with very rough edges, lodged in the sclerotic just behind the equator, half within and half without the eye. It had passed through the cornea, iris, lens, vitreous body, and half of it through the sclerotic, where it stuck so tightly that I had to cut the sclerotic to extricate it. I saw him on the day the accident happened,



and urged an immediate operation, as I knew the eye was destroyed and the foreign body was in it. But he refused to have it done till the date mentioned. The operation was performed on Tuesday; the wound healed well, and there was every prospect of recovery till the following Sunday, when I found a slight tetanic affection of the jaw and face. The contraction extended to the muscles of the neck, chest, and pharynx; and on the 12th of May, nineteen days after the first symptoms appeared, he died, exhausted by the spasms and by starvation from inability to open the mouth and to swallow.

I attributed the tetanus to the long sojourn of so rough a body in the eye and the extreme pain which it produced. The eye was almost perfectly fixed from the time of the accident, in consequence of the foreign body sticking through its coats and the capsule of Tenon into the soft parts of the orbit.

---

ARTICLE IV.

**Some Reflections on Epilepsy: Its Etiology, Pathology and Treatment.**

---

BY R. E. HAUGHTON, M.D., RICHMOND, IND.

---

Having seen and treated several cases of epilepsy, and having been asked by a reporter on epilepsy to the National Association to furnish to him any thoughts on this subject, I do so in this manner, through your journal. I do not propose to clear up the doubt, the uncertainty, and gloom which hangs upon its history, and over the unfortunate patient who happens to be its victim, but offer what I have observed in the treatment of ten cases in about nine years.

The great functions of the brain and nervous system are thought, sensation, and voluntary motion. Volition, or will, is an influence produced in the brain, and operating upon voluntary muscles through the agency of the spinal cord and nerves, producing all the beauties of art, the harmonies of music, all the harmonies which charm the eye and ear, and the world is a world of beauty. But motions which are involuntary also are produced, through the agency of that very important portion of the nervous system, the spinal cord; and when by reflex nervous influence irritation is propagated to any portion of the involuntary muscular system, we may get spasmodic action, convulsions, of that fearful character, dreadful to look upon and contemplate, viz., epilepsy. The human face and form divine are often changed — alas! fearfully changed: the look of beauty and intelli-

gence fades away, and the blank expression of idiocy is seen slowly to take its place.

This disease is not often painful, very seldom immediately fatal, and may be entirely recovered from — aye, cured, removed by remedial agency, and the sufferers restored to perfect health. This is, however, not the most common termination.

I have seen the patient, the victim of epilepsy, open his lips to speak to me as he met me perhaps upon the street, suddenly attacked, the eyes suddenly averted, the muscular motions suddenly arrested, and uttering one of those unearthly screams which some of them do, fall rigid, and then convulsed, to the ground, consciousness suspended, clonic spasms, stertorous respiration, flushed face, injected eyes, dilated pupils,—all indicating a fearful struggle, a fearful disease. The pulse is hurried, sometimes feeble, and the patient falls into a deep sleep, from which he awakes with a feeling of soreness, and great fatigue.

One peculiarity I have observed in some of my patients is, that any idea or thought having occupied the mind at the time of one of the convulsive attacks, is not lost, but when the patient returns to consciousness, that thought is the first in his mind, and the thought becomes father to the act following. For instance : One of my patients was going to my office for some directions about a portion of medicine he was to take. He got part of the distance, was attacked, picked up, carried home, and before he was fully restored to consciousness he got up, started for the office again, and came in, asked the questions which I have no doubt were in his mind when attacked, and when answered was about to start home, and I asked him if he knew he had just had an attack. He said no, and seemed surprised, and even doubted my assertion. He did not recollect any event from the time of his convulsion to his talking with me, though he had walked then two squares ; and yet his thoughts just before his attack were fixed, and even the convulsion did not erase them.

All the phenomena here point to the brain as the seat of this malady, and yet often post-mortem examinations reveal nothing of disease. This is strange, but true. When, then, the absence of all appearances of disease in the brain precludes the idea that it can have an origin there, we have no other just pretext but the one of reflex irritation, from some other organ acting upon a highly organized and sensitive nervous system. Then we have an analogical fact in the convulsions of children, from indigestible food, irritation of the bowels, teething, etc. These are very similar conditions, and many of the circumstances are the same. In one case, a child, which had been very

healthy, was attacked with intermittent fever, had convulsions induced by it, and each return of the cold stage was followed by the convulsive attack; and when I saw him the attacks came regularly once a week, and without any cold stage. In fact, we had genuine epilepsy, which continued with him as long as I knew him.

Here is a point in those cases which has been very interesting to me: I refer to habit—its influence upon the nervous system. In this case just mentioned, evidently the habit which had been set up by the action of intermittent fever in the nervous system, of recurring convulsions, evidently continued after the paroxysms were arrested. The boy in the intervals was apparently as healthy as any boy in the world; but true to the mode of action enstamped upon the nervous system by a few convulsions recurring with the fever, that it seemed a law of his being, and could not be arrested. We are forced, then, to conclude that there are dynamic changes which take place in the nervous system, that, when produced, and by whatever causes, may transmit convulsive action to the muscles,—and in fact these changes may be so great that death may occur and yet no trace be left in the brain to explain it. This is so in some conditions, as in puerperal states; death may take place suddenly and no trace is left as to the cause. If, then, the boldest theorist can not discover or imagine a cause in the brain, and the cadaveric examination does not reveal any trace of lesion in the brain in epilepsy, physiological and anatomical investigations aid us in developing the truth, and we base our treatment upon it.

Again, we find that in some cases the brain does give evidence of a morbid condition. There is claimed to be, by some authorities on this subject, constant alterations from health in the appearances of the brain, as injection of the vessels of the membranes, and of the brain itself; but this can not be admitted as satisfactory evidence, as the mode of death may produce the changes and appearances observed.

The aura epileptica is a very curious phenomena, but is not found to exist in all cases. In those cases I have seen, it has been entirely absent in some, and in others there were curious feelings just before the attack, but did not begin always in the same locality.

Among those causes which I believe to exist as prominent in the production of epilepsy in young persons, after arriving at or near adult age, is onanism. In those cases which I have seen, I have traced their history satisfactorily to constant self-abuse; and in one case which commenced at the age of sixteen, the patient frankly admitted it, and said to me, "You are the first physician who ever told me



of it ; though," he added, "I suspected and believed that it was the cause of my trouble,—but I never told any person." This patient was greatly benefitted by treatment, and for eighteen months did not have an attack ; but after violating rule, and indulging in excesses, the attack returned.

Again, in another case, I could trace the disease to a hereditary transmission, and several members of the same family had suffered the same trouble, but after passing middle life, they completely recovered. This last patient was not benefitted by any treatment, and died in July last, comatose, paralyzed, after lingering in that condition several days. No examination of the body was allowed. This case was one of much interest to me, as I often saw him in his attacks, and often the convulsions would be repeated many times in the day, often leaving the patient deranged or maniacal, requiring force to control his disposition to injure himself or friends. His motions, too, under these circumstances were rapid, and his strength was greater than at other times. Upon one occasion, in one of those conditions, I went into his room and spoke to him, and before I could comprehend his effort, he struck me a forcible blow with his fist, so much as to stagger me. This upon other occasions was reversed, and we would find him lively, laughing, and sometimes singing with an appearance of wild excitement, which was sorrowful to look upon—a mind in ruins, a noble spirit trailing, as it were, in the dust, the dark cloud of despair settling down upon him as with the mantle of darkness.

Another case was traceable to scarlet fever ; another, again, to onanism ; and there are numberless causes, almost, for this disease, which I will not stop to enumerate.

Dr. Watson gives a very singular cause for this disease, viz., the sight of another person in a fit of this kind. The effect seems to be almost contagious, and numbers of persons, as in boarding schools, have been known to be attacked after having seen one of their number attacked. Drs. Hardy, Meyer, Cullen, have all observed this influence, and Dr. Hardy gives the following : "*Vidimus, anno 1690, in Dalmatia, juvenum gravissimis correptum convulsionibus, propter quod inspexerat solum modo olum juvenum dam epilepsia humi, contorquebatur.*" This is, no doubt, the result of an influence upon the mind, upon the brain, and nervous system, through the agency of the special senses, and like the mind in its influence in curing disease, also may produce it.

The diagnosis in this disease is easy, and persons who have ever seen a genuine case of it, need never be mistaken. The prognosis is

more difficult — in fact, we are never justified in making a positive one for or against a patient, though oftentimes you will be urged repeatedly by anxious friends to say what will be the result.

Can the patient be cured? Some cases get well; however, they are the fewest number. I have seen, under my own treatment, two cases cured, and after two years no attack had recurred. Again, in one family, where several members had at various times suffered, after maturity they got rid of their disease,—and in those persons it has never recurred. The parties to whom I now allude I am personally acquainted with. The *eccentric* epilepsy to which Dr. Marshall Hall alludes is often a curable disease, I have no doubt, particularly in children, as causes external are removed; for reflex action upon the nervous system produces it in them. The irritation of teething, for instance, may produce epilepsy,—and it may continue till adult age, and then disappear. There is clearly, however, one difficulty which stands in the way of a rapid cure of eccentric epilepsy, and this is the habit of the nervous system which is induced by the attacks. We may remove the original cause or irritation, yet there is a periodicity in the action of the nervous system, and it is this which often prevents or protracts the cure. This periodical action of the nervous system is the result of that law or habit which governs the whole physical economy. Man is said to be a bundle of habits, and every-day observation proves to us that a habit which has been contracted by any means, is often continued without the agency of the will — in fact, involuntarily, and without even knowledge. So, too, in regard to the effect produced by disease upon the nervous system. My observation confirms these remarks, and many others may have similar experience; and others, again, may have directly opposite experience, as cases differ so widely that no universal law of experience or observation holds good. The experience of Heberdeen was against the idea of departure of this disease in those who had grown up with it. The fact, however, is undeniable.

There is another class of causes which are productive of epilepsy, and may be removed, as sometimes they are,—viz., in cases of injury to the brain by falls, blows, fractures. Fractures of the cranium with depression of the bone, with injury to the membranes and brain itself, may be followed by epilepsy, if the patient should survive the injury. Dr. Lomax, of Indiana, reports such a case in the Transactions of the State Medical Association for 1858. There were fracture, depression of bone, loss of a portion of brain matter to the amount of two ounces. The patient recovered, and the health of mind and body apparently

was completely restored. The health of the boy remained good for nearly twelve months, when, without any premonitions, he suffered an attack of epilepsy; and such attacks have been repeated at intervals of one to three months.

Cases are often presented to us of epilepsy from falls, the kick of a horse, where the patients recovered without any difficulty from the first injury, and after months or years epilepsy makes its appearance. There is a gentleman who received an injury of the os frontis, and recovered from it, but after a few months epilepsy followed. Dr. John C. Warren trephined him, removing a portion of bone immediately in the centre of the forehead. It cured him. He has not had an attack since; resides now in Richmond in perfect health. The operation of trephining has been more frequently recommended in cases of epilepsy than formerly, but I think with doubtful success. I saw a case in March last, which had received a kick from a horse some six years before. For four years he had enjoyed pretty good health, but then began to suffer with loss of vision, occasional attacks of epilepsy, and he was anxious to find some relief. He had been told that trephining would cure him. It should be remarked there is no depression of the cranium, but a cicatrix passing from the supra-orbital foramen obliquely backwards, upwards and outwards, and he often complains of pain in that (the left) side of his head. He is now totally blind, some loss of power in the right side, and the diagnosis is somewhat obscure, but evidently no indication for an operation. There is, no doubt, some obscure, chronic form of disease of the brain, but with the doubts in his case, no prudent surgeon would operate upon him. Dr. Blackman, of Cincinnati, came to see him, and I also saw him. His opinion was, that no operation should be performed. The doctor also told me he had recently operated upon two cases, both of which finally died; though one of them recovered from the operation, and was benefitted for two months, but became comatose and died. His opinion is not very favorable to this operation. There are cases, no doubt, where depression of bone exists, and the history and circumstances indicate that epilepsy depends upon the pressure or irritation induced by depressed bone. Then an operation should be resorted to, other things being equal.

The operation of trephining has at all times had able advocates, both for and against, and although some statistical facts support and justify it, yet there is no doubt but at one period surgeons resorted unnecessarily to its use, as in cases of concussion where effusion was supposed to exist merely because the bone was discolored or too vascular. This



has cast discredit upon a very valuable operation, and doubts of its utility have existed, and patients have been allowed to sink under disease which might have been removed.

Statistical facts, as given by Prof. Smith, in epilepsy are favorable to operating. In fourteen cases trephined for this disease, one died and thirteen were cured. In a summary of one hundred and seven cases trephined, given by Prof. Smith, fifty-two were cured and fifty-five died; nearly one-half recovered and were cured, including epileptic cases — in which disease he says: “The use of the trephine appears to have been especially successful.”

*Pathology.*—The pathology of epilepsy is obscure, and therefore our treatment has mostly been unsuccessful; for in proportion as we understand the nature of diseased action, the morbid appearances presented, and have rational views of its production, progress and termination, we are in a proper condition to treat it successfully. As we have already indicated, the morbid appearances, so far as the brain is concerned, do not exist always. Again, we have found that the brain does present morbid conditions, though I have no doubt more the result of the condition of the brain, which has been produced by repeated attacks, than any condition existing in the brain itself which is a cause of epilepsy. I regard, then, these morbid conditions found to exist after death the result of the disease, rather than the cause of it. The disease often consists in a peculiarly sensitive condition of the nervous system, a morbid excitability of the brain; and any special source of irritation acting upon this excitability will often produce epilepsy. In this condition, function is destroyed, or so impaired and enfeebled that there is no means of bringing up the tone of the nervous system to a healthy standard, and the disease is not arrested. This is the result of irritation long continued, and the effect of it in any organ is first to derange function and finally to destroy it. Apoplexy differs in this, that the irritation which produces it abolishes function at once, suspends all the operations of the mind, and extends to the muscles; the motor power is abolished, destroyed, and often there never is any change from this; the patient dies in his attack. Now if it be true, and admitted, that the spinal centres are capable of producing involuntary contraction, then it is true, also, that this irritation may be reflected upon the brain with such force as to produce epilepsy. All voluntary power has its origin in the brain; the will is the result of this power or force residing in the brain, and all this may be abolished or suspended by any irritant outside of the brain. Hence this disease is not necessarily or exclusively a disease of the brain, and that organic

changes are not necessary to have taken place to produce this disease. Organic disease of the brain, therefore, is not necessary to its existence, but may exist with such changes, and be caused by them. Epilepsy may exist by reason of tumors growing within the cranium, by disease of bone, spicula of bone, effusion,—and all these conditions produce their special irritation; and yet there is no evidence (but that epilepsy exists) to prove that there is disease of the brain. Therefore he who would promise to cure epilepsy in three or six months (as I have known done), is not only ignorant of the disease, but is an empiric of the basest kind. It is also very necessary in those cases to carefully inspect and question every organ, to know that the cause does or does not exist somewhere save in the brain; and if so, and the cause is detected, the cure may be accomplished when this is removed. If, then, the disease still exists, there is strong evidence that the irritation is in the brain, and we know but little what that irritation is.

*Treatment.*—In the treatment by remedial agencies but little is comparatively known. Every case is peculiar to itself, and affords no rule or guidance for another. In the convulsive attack but little is demanded. In the intervals is the proper time to administer remedies; and when it is determined where the source of irritation is, to attack it there, and if possible remove it.

As the treatment of the books is so well known, I shall not adhere in any wise to them, and give my own opinions and the means resorted to. While I may use some of the agencies spoken of, I do not claim anything new, but that cases have been cured, and a few others benefitted by the use of remedies adapted to the conditions existing in the case.

The first case was one which had existed from early childhood, and after examining it he was put upon the use of stramonium; it was pushed to a prominent influence, and maintained for a considerable time. The first effect noticed was a longer interval between the attacks, and afterwards he was found clear of them for two years, when I lost sight of him, but often heard from him, and he still remained clear of his disease. In connection with this remedy, diet was attended to, and avoidance of all excitement which would prove injurious to the nervous system. His general health was greatly improved; vivacity and cheerfulness took the place of dulness and despair.

I have used the various narcotic preparations in the treatment of this disease, and have received but temporary benefit from the use of any save the one which I first mentioned (conium, belladonna, aconite, cannabis indica, opium, camphor, chloroform); and none of them

have accomplished more than chloroform, both inhaled and internally administered. It quiets the nervous excitement which is often extreme, often enabling the patient to sleep, and the threatened paroxysm passes away. Opisthotonos was in one case promptly relieved, after the patient had continued in successive paroxysms for many hours, by the use of chloroform, no other remedy having done any good. I have used nitrate of silver, and sulphate of zinc, with no apparent benefit. The tincture of veratrum viride did much good in one case, by controlling the circulation, and thereby quieting the nervous excitability. I have used also the hydrocyanate of iron, with an effect to strengthen the tone of the general health, but not long enough to arrest the paroxysms of epilepsy, if indeed it would do so. It is highly recommended by Prof. McGugin, of the Iowa University, and he told me that several cases had no doubt been cured by it. I believe this remedy was first recommended and used in epilepsy by McGugin, and if it should prove as beneficial in the hands of others as in his, it is a boon to the unfortunate epileptic. One thing I have to suggest in the treatment of this disease, and it is the use of strychnia, or some of its preparations. I used it one case with apparent benefit, but not sufficiently long to effect permanent good. As there is, without doubt, an excessive irritability of the nervous system and brain, and the result of this excitability being debility, this remedy appears to me to be quite well adapted to the treatment of many cases of this disease, particularly of those in which no organic changes are detected, as going on in the brain. It is particularly a tonic to the nervous system, and through it must act upon all the functions of the system. Conjoined with it may be other tonics, which are known to be of benefit. This completes all I have to say about treatment.

*Remarks.*—The paroxysmal character of epilepsy is very similar to the convulsions of children, which are often induced by extraneous causes, and throws some light upon the influence of habit in continuing these convulsive troubles when once begun. The brain and nervous system of an infant are very susceptible of manifesting any undue amount of excitement, and when the excitability has been operated upon sufficiently, there is a convulsion. In other words, there is an excess of irritability, and the cause continuing, the morbid influence acting upon the excessive excitability explodes (so to express it) in a convulsion, which reduces this excessive excitement, and the patient oftentimes is quiet for several hours, and apparently almost free from the excitement of disease. After a few hours the excessive excitement accumulates, which is manifested by startings, involuntary twitches,



and suddenly another convulsion comes on. This diminishes the accumulated excitability, or exhausts it for a time, or until the causes of this nervous excitement have been removed. But when we see such cases becoming permanent epilepsy, and in the intervals the patient enjoying even the most robust health, as I have seen in a few instances, we are ready to conclude that the diseases of the nervous system are not dependent upon organic changes, in a large number of cases, where the symptoms are all produced by deranged or excited action of the nerve tissue. There is a law of periodicity in many of the diseases which involve the nervous system, and yet this kind of periodicity is not controllable, as the periodical manifestations of fever are, by some direct remedial agency ; in epilepsy the attacks recur with some periodical regularity, yet no agency has been found to arrest it in the same way that quinine arrests intermittent fever. The investigations of the nervous system to many profound thinkers and investigators are gradually casting light upon the obscure pathological conditions of the nervous system, and while we now have to acknowledge, that of the essential condition which sustains and fosters this disease we are much in the dark, yet no doubt we shall not only comprehend it in all its relations and conditions, but also be able to cure it more promptly than now, with a more rational armamentation than we now use ; for as we treat it now there is considerable of empiricism manifested : trying one remedy and then another, without that feeling of reliance which I like to have when I go to the bedside of the afflicted epileptic.

---

ARTICLE V.

**Blepharitis Puriformis Neonatorum.**

BY R. H. JOHNSON, M.D., CINCINNATI, OHIO.

This disease, occurring in the new-born infant, is essentially the same as the purulent ophthalmia of adults, differing only in the intensity and rapidity of its progress. It is characterized by similar symptoms—swelling of the lids, active inflammation of the conjunctiva, chemosis, purulent discharge ; and if not promptly checked, is followed by similar results—ulceration or sloughing of the cornea, partial or total opacity, sometimes staphyloma, and occasionally suppuration and entire destruction of the globe.

I report the following case, not so much to exhibit phenomena differing materially from those usually found in the purulent ophthalmia

of new-born children, as to press the importance of combatting and rendering inoperative the most frequent cause, as I believe, of the disease; which being the lodgment of leucorrhœal secretions within the eyelids of the child, should receive the immediate and thorough attention of the accoucheur — cleansing most perfectly — the neglect of which is fatal to many young and tender eyes. True, leucorrhœa is not a uniform cause of the disease, and authors have enumerated exposure to the light, to the heat of the fire, cold draught from the door, and that it is frequently traumatic, being occasioned by intrusion into the eyes of the soap with which the child is washed, or the whisky or gin which is absurdly rubbed over its head. The spirits (whisky?), it is supposed, may sometimes produce inflammation of the conjunctiva, even when it does not go into the eyes. I have seen no cases the result of these alleged causes, and doubt very much whether the same violent course and fatal tendency characterize these more modified causes, as inoculation of the conjunctiva with the gonorrhœal or leucorrhœal virus. I believe the latter to be more prolific than all other causes put together, especially in the more Southern latitudes, where I have seen much of it, and that attention to it is sadly neglected by physicians everywhere.

The history of the following case will be found to be the history of very many cases of this terrible disease, varying in different cases in its complications: The child of Mrs. C., of M., Oct., 1860, was attacked on the fourth day after birth in the left eyelids with intolerance of light and swelling, and on the sixth the right became similarly affected. I first saw them on the eighth day after birth; the lids were much swollen, red, and their edges agglutinated together. The mother had suffered with leucorrhœa for years. An old and very respectable physician whom I knew, delivered her, but gave no precautions respecting the importance of thoroughly cleansing the child's eyes, nor inquiry of the mother whether she had leucorrhœa or any other discharge from the vagina. A lady friend of the family, not the nurse, had washed and given the child its first dressing—washing the *face and eyes in the same water* with which the body had been washed; thus if none had found lodgment within the palpebræ before, the leucorrhœal matter was now freely applied. A more reprehensible, not to say disgusting practice, too frequent even in good families, as was this, can hardly be paralleled. This was cleansing (?) the eyes of a tender infant.

On separating the lids a thick yellowish discharge resembling mucus gushed forth, and now to describe the phenomena and progress of the disease and its treatment in the one is to describe it in the other

so far as they are affected by the ophthalmia alone. The complications in the eye first attacked were not present in the last. The upper lids were enormously puffed and purplish in color. There was great difficulty in separating the lids sufficiently to view the globe, for though the purulent fluid was directed to be frequently washed out with tepid water pressed from a fine soft sponge, it was almost impossible to see the cornea and globe on account of increased tumefaction of the lids by handling them and the crying of the child. A view was finally obtained, and the cornea as yet found to be healthy. The ocular conjunctiva was free from chemosis, while the palpebræ were greatly injected, villous and swollen, the crying and struggling of the child increasing the trouble.

I directed from the first the lids to be separated and cleansed every quarter of an hour with tepid water, and immediately thereafter the application of one gr. *nitras argenti* to the ounce of distilled water, and to take oil *ricini*; the mother to abstain from the use of coffee and all stimulating food and drink, and take *vinum ferri*. Residing within a stone's throw of the little patient, the family distressed with fear of loss of the eyes, I took almost entire charge of the case as well in the capacity of nurse as surgeon, visiting it several times daily, cleansing the lids and applying the remedies. The *sol. nitras argenti* was increased in strength to four grains, and the following wash, so highly commended by Mackenzie, alternated with it: corrosive sublimate, one gr.; *sal. ammoniac*, six grs.; water, twelve ozs. This treatment was continued, together with the other means enumerated, for several days, during which the inflammatory symptoms gradually declined, and the secretion changed to a paler hue, though as copious as ever. And now it became evident from the opaqueness of the cornea by the action of the secretion, that life in this membrane was waning, and fearing an increase of the opacity and perhaps death of the cornea, or ulceration or sloughing, the *nitras argenti* was omitted, and the bichloride of mercury, gr. ss., *vin. opii*, 3 j., to the ounce of distilled water, substituted, and alternated with the corrosive sublimate wash; to the latter was added one drachm *ext. belladonna* to excite the pupil already nearly closed, and heal a small ulcer in the cornea now first observed, a little inward from its centre, in the eye first attacked, and in which the opaqueness of cornea had been manifest some days. As the ulcer rapidly enlarged, *ext. belladonna* was applied to the brow, and the most assiduous attention paid to cleansing the eyes and applying the remedies. Under the influence of the *sol. bichloride* and *vin. opii*, the cornea cleared, and this remedy was omitted. As the ulcer



enlarged I applied the pencil of solid nitras argenti to the rim, and arrested its further progress. A small pea could now have been dropped into it; the iris seemed paralyzed, so slight was the exhibition of life in this membrane, and my constant fear was that hernia of the iris and perhaps the escape of the vitreous body would add new complications to the already overwhelming array of dangers and difficulties; but persistency in all the means brought to bear upon every point of the disease, was happily successful to prevent these catastrophes. The ulcer, however, remained indolent, neither lessening nor enlarging. The opacity of cornea returned again and again, but was as often removed with a few applications of the bichloride solution, and now a new and unlooked for complication indeed appeared; the *tout ensemble* of disasters seemed about to overwhelm us and baffle every effort to save the eye. Pannus, with its red glare, came up from the inner canthus and joined the ulcer, as if to bid defiance to all our efforts. A small blister was raised behind the ear, and soon after vesication took place perceptible improvement in the ulcer was manifested. The application of the ung. antimony tart. to the blistered surface prolonged the counter-irritation; the discharge had changed its purulent character to a pale, ropy secretion, and much diminished. The child had occasionally taken castor oil and small doses of calomel and quinine, while the mother's health improved under a well-regulated diet, and the impregnation of the lacteal fluid with the iron. The disease gave way; convalescence of both eyes was rapid; the ulcer closed up, the pannus slowly disappeared, and the palpebral conjunctiva came down to its normal healthy state. The crisis was passed—the eye was saved. The disease in the lids of the eye last attacked run its course without any of the complications of the other, and both recovered together.

---

*Obstructions of the Lachrymal Duct.*—In the *Amer. Medical Times* for November 17, 1860, Dr. J. E. Macdonald describes a new method of operation. He says: "I have done away entirely with the director, and only employ a blunt-pointed, narrow, and slightly-curved bistoury, the blade of which is only about three-quarters of an inch long, the heel about three-sixteenth of an inch broad, and which tapers to a fine blunted point, a very little probe-shaped. It is sharp on its concave edge, cutting to the point, which is very narrow; and to provide for its strength, the back is somewhat stout, and delicately clubbed at its extremity.

## Proceedings of Societies.

---

### Proceedings of the Union Medical Society, Knightstown, Ind.

---

Reported by B. F. ELDER, M.D., Secretary.

---

Society met on Monday, April 1, 1861, the President, Dr. Lewis, in the chair.

Reports of cases being in order, Dr. Cochran reported an obstetrical case, saying that he did so merely for the purpose of farther investigating the parturient effects of quinine. The patient was a strong, healthy, robust woman; had been in labor for several hours; pains had ceased for some time; patient exhausted, and he himself very tired. Thinking that it was a good case for quinine, he decided to try it—gave *ten grains of quinine* at one dose, which was speedily followed by strong pains and the birth of the child. Query: Did the quinine produce the pains? He could not help viewing the result in this case as a *proper hoc*.

Dr. Canady thought that the result was owing to the action of the quinine. It could not always be relied on, but he viewed it as the most reliable parturient remedy we have.

Dr. Whitesel had never used it but once, and then his patient went to sleep.

Dr. Lewis thought that we might as well attribute the pains, in Dr. Cochran's case, to the quinine as to attribute purging to jalap after giving it.

Dr. Crouse thought that when quinine was given in proper doses, it would rarely disappoint. In order to insure its action as a parturient, it should be given in at least ten-grain doses.

Dr. Elder reported a case of amputation of the thigh. During the operation, (the patient being under the influence of chloroform,) respiration suddenly ceased, and the patient seemed about to die. Artificial respiration was immediately resorted to, after Marshall Hall's method, and continued for *three-quarters of an hour, or longer*, at the end of which time the patient could respire without assistance. If, previous to that time, artificial respiration was suspended, there would be one or two efforts at inspiration, and then all movements of the chest would cease, and the man, to all appearance, was dead. The Doctor thought that if artificial respiration had not been resorted to *immediately*, there would have been another death from chloroform to

record. He thought that no time should be lost in such cases in employing other means.

Dr. Lewis read an interesting paper on abortion, reporting a case which occurred in September, the placenta being retained. The patient then menstruated for three months, missed two, and then threw off a blighted ovum, the same age as the one thrown off in September. He thought that the woman had conceived twins some time during the months of July or August ; one of them was thrown off in September, and the other retained, and thrown off in March.

Several other cases of minor importance were reported.

On motion, Society adjourned to meet the first Monday in May, at 10½ o'clock A. M.

---

KNIGHTSTOWN, May 6, 1861.

Society met pursuant to adjournment, President in the chair.

Regular business being in order, Dr. Canady reported a case, illustrating the antigalactic properties of belladonna.

Dr. Rawlins said that while the belladonna question was up for discussion, he would like to inquire of the members concerning their experience with that remedy, in preventing scarlet fever. He had used it frequently in that way, and he thought with good effect.

Dr. Whitesel said that he had been using it in that way lately, and he thought successfully. If it did not always prevent the disease, it rendered it much milder.

Dr. Lewis thought that to have any effect, it should be used in homœopathic doses, and long continued, as Dr. Whitesel had used it.

Dr. Canady had not had much experience with the remedy in that way, but he viewed it as almost a specific in incontinence of urine, and related the cure of seemingly hopeless cases by its use.

Dr. Crouse reported a case of capsulo-lenticular cataract, in which he operated.

Dr. Lewis reported a case of small pox, occurring in a man twenty-two days after exposure. He was vaccinated soon after exposure, the vaccine disease running its regular course. Afterwards he was attacked with varioloid, which run its regular course. His query was, did the vaccine disease hold the variolous infection in check ? His opinion was, that the system was already impregnated with the variolous infection when the man was vaccinated, but the vaccine virus, being introduced directly into the circulation, got the start of the variolous infection and held it in check until it had run its course ; afterward, the



system being still charged with the variolous poison, varioloid made its appearance and run its regular course.

On motion, the Secretary was instructed to notify absent members of their delinquencies, and arraign them for trial at the next meeting, on the charge of non-attendance.

Dr. Rawlins complained of a breach of ethics on the part of Dr. Troy, which was referred to the Committee on Ethics.

Society adjourned to meet the first Monday in June, at 10 A M.

---

KNIGHTSTOWN, June 3, 1861.

Society met agreeable to adjournment, President in the chair.

The Secretary read a letter from Dr. B. W. Cooper, of Greenfield, giving his excuse for his non-attendance, and asking the farther indulgence of the Society.

On motion, Dr. B. W. Cooper's excuse was received.

On motion, the names of Drs. D. C. Cooper and A. B. Bundy were stricken from the member roll of the Society, for non-attendance.

Regular business being in order, Dr. Lewis read the following paper:

1860, Oct. 3d.—This morning at 5 o'clock, saw Mr. B., aged 17 years. For the past two years he has been growing rapidly, is rather slender for his age, has rounded shoulders with a narrow chest, but for the most part of the two or three years past has had seemingly good health.

For the past year he has been laboring at blacksmithing, and has used the sledge a great deal. Yesterday he labored with the sledge all day. I found him coughing up, and spitting every few seconds a mouthful of bright red blood; had been coughing and spitting so for about one hour. A vessel stood by, containing a quart or more of blood, mucus and saliva, beside a great deal more of the same found on the floor of the room where he had slept. His countenance was pale and anxious, hands and feet cold, pulse 90 and feeble, complains of a tightness with a sensation of tickling in the left lung, about midway between the nipple and sternum, and that the act of coughing caused him a great deal of pain at that point.

Treatment: Gave him to swallow dry, the best way that he could, one heaping teaspoonful of common salt, and put his feet into warm water.

While waiting for the salt to have its effect, I learned that about four weeks since he had had a light attack of hæmorrhage from the lungs during a chill, but that he soon regained his usual health. This was the first attack of hæmorrhage he had ever had. About seven days since he had another chill, but no hæmorrhage.

In about thirty minutes after taking the salt, he vomited a large quantity of black blood that had evidently been swallowed during the hæmorrhage. His hands and feet now became warm, his pulse at 90 became more full, and has had no hæmorrhage visible since taking the

salt. Being convinced from his history and appearance this morning, that a chill has had much to do in producing this attack, I put him upon the following treatment:  $\mathcal{R}$  quiniæ sulph., grs. iij., capsicum, grs. iv., at once with six drops Norwood's tincture veratrum viride, to be repeated every two hours until three doses are taken. Directed to apply a sinapism over the seat of the sensation of tickling and tightness, to take, on a lump of sugar, a few drops of spirits of turpentine whenever he felt a disposition to cough from the tickling, to rest in the horizontal position, and to use cool drinks. Six o'clock P. M.—No more hæmorrhage; has several times to-day coughed up a few small, dark-colored clots; feels no more of the tickling in the lung; his skin is moist and cool, pulse 80 and soft, and takes a little food. Treatment for the night: Take one dose more of the powders and drops directed this morning, continue the use of the sinapism, and use the spirits turpentine on sugar, if necessary.

Oct. 4th.—No more hæmorrhage, rested well during the night. Says that he feels well, except some weakness, and soreness in the left lung. Treatment: Rest from physical exercise.

Oct. 5th.—No more bleeding since he took the salt on the morning of the 3d. He complains this morning of aching and chilliness. Treatment:  $\mathcal{R}$  quiniæ sulph., grs. iij., pulv. opii, grs. j., at once, and repeat every four hours until four doses are taken, and keep the horizontal position.

In a few days he regained his usual health, except a dry tickling cough, attended with but little expectoration. For the relief of that cough he used various expectorants with but little relief. He found more relief from smoking the dried leaves of the mullein (*venbasum thapsus*) than from anything else except morphia—a small dose of that narcotic would completely quiet his cough for several hours.

Some time in November he was put upon the use of the syrup of the hypophosphites of lime, soda, iron and potash. In a short time after he commenced to use that syrup his cough ceased entirely, he gained in flesh and color, and resumed his labor at blacksmithing.

Some time during the latter part of the past winter, when riding an untrained horse without a saddle, he received a bruise near the perineum on the right side, about two inches from the anus. At the seat of the bruise a tumor formed. Sometimes the tumor was quite painful, at others causing no inconvenience.

About the first of April last that tumor increased in size equal to a hen's egg, and was very painful. At this time he occasionally observed bloody matter to pass off with the fæces when at stool. After the passage of matter in that way, the pain in the tumor was less.

About the middle of April, the tumor first came under my notice. I at once punctured it with a lancet, giving vent to a considerable quantity of dark bloody matter. I put a tent in the orifice made by the lancet, directed a poultice, to keep the bowels loose, and to exercise but little. The next day after the tumor was punctured, he noticed that wind from the bowels passed through the puncture made by the lancet; from ocular inspection I found that small portions of fæces were also passed. These two facts proved complete fistula in ano.

A few days subsequent to the puncture, Dr. Whitesel saw the case at my request. He confirmed my diagnosis, and suggested the use of a wash of sulph. zinc, as the only means that was likely to benefit short of an operation. That wash, with compression, was faithfully used for some weeks, without any effect at all toward closing the fistulous opening. It had, however, a good effect in stimulating the growth of granulation in the sinuses that were around the seat of the tumor. During the second week in May, the fistula was operated upon with the knife, in the usual manner. The bowels were kept quiet with opium for five days afterwards, and he was allowed no food but preparations of rice. At the end of five days, the bowels were moved off with ol. ricini without any detriment to the cut. The operation is a success—now nearly healed. He has complete control of the sphincter ani, and suffers no inconvenience whatever from a division of that muscle.

Upon a review of this case, the question presents itself, How did this blood become free in the lungs? Was there really a lesion, a rupture of a blood vessel from the corroding of a matured tubercle? or was it because the blood was diseased, and the congestion consequent from a chill forced it through the tissues of the air cells? I am inclined to the latter opinion. For had a tubercle sufficiently large as to destroy a blood vessel been in existence previous to his first attack of hæmorrhage, there would, undoubtedly, have been some physical signs of its existence; there would have been a cough with pain at the point of deposit, frequent chills, hectic, night-sweats, etc. But all these symptoms were absent. The young man had his usual health until he had ague in September, the date of the first hæmorrhage. From a careful study of the case, I incline to the opinion that the young man is laboring under latent congenital chlorosis, which is now being developed. On account of that diathesis, his blood lacks the proper constituency, is too thin, his tissues too relaxed, and the internal congestion consequent upon a chill was sufficient to force the blood through the tissues of the air cells on the principle of exosmose. With this diathesis, this point of exudation may become a nidus for the deposit of cacoplastic lymph, which in time will become aplastic lymph, or matured tubercle, if the term suits better, and the patient perish from exhaustion without having another attack of hæmorrhage.

Another question: Did the teaspoonful of common salt have any effect in arresting that hæmorrhage, or was it a mere coincidence of circumstances? I believe that the salt did arrest the hæmorrhage on the principle of counter-irritation; and the arrest by that means is proof to me, that the bleeding was by exudation, was chlorotic in character. Had the bleeding been from a ruptured vessel, salt, or any other internal remedy, would not likely, if at all, have arrested it so promptly.

Another evidence of the chlorotic habit of this patient is the great deposit of cacoplastic lymph from apparently a trifling bruise,—the lining, the sinuses formed by the tumor with the same material, constituting piper or tuber. *This could not occur in a healthy individual.* I think that several writers have remarked that fistula in ano always



occurs in individuals predisposed to phthisis. If it be a fact, it is strongly corroborative of the chlorotic theory of some forms of disease hinted at in the above report, and often spoken of in this association during the past six months.

Several other short papers were read by Drs. Canady, Crouse, Cochran, Coffin, Rollins and Troy, after which the Society adjourned to meet the first Monday in July at 10 o'clock A. M.

---

### Abstract of the Minutes of the Eaton (Ohio) Medical Society.

Reported by R. WALLACE, M.D., Recording Secretary.

---

The Society met according to adjournment at the Eagle Hotel, in Eaton, Ohio, May 28th, the President, Dr. Crume, in the chair. The minutes of the previous meeting being read, were adopted. After which a lengthy and interesting paper was read by Dr. Woody, on the "*modus operandi* of medicines." After the reading of the paper, remarks were made on the subject by several members of the Society, most of whom expressed their opinions that the author of the paper had not faith enough in the curative powers of medicines. The conclusions of the Society on this subject may be stated as follows: 1st. Medicines do act, or produce certain effects which may be divided into physiological or curative, and morbid; and that while the *modus operandi* of many, if not all, medicines is involved in mystery, the effects produced by them are easily observed and understood. 2nd. That the effect produced has some relation or ratio to the quantity and quality of the medicine used; for example, take opium, or any of its preparations — it may be used, by increasing or diminishing the dose, to produce entirely different results, a small dose stimulating, an increase in quantity producing a narcotic effect, and a still larger dose producing the toxicological effect, etc. 3rd. That in the practice of medicine the enlightened physician will not invoke the aid of medicines to accomplish that which hygienic measures are able to perform, provided he can have those measures carried out—measures, such as change of climate, occupation, change of quantity and quality of food, change of society, paying strict attention to the *modus operandi* of the mind, etc., or, in other words, it is contrary to the principles of physiology, therapeutics, and the scientific practice of medicine, to drug the human system, when hygienic measures will fill the indications of cure. But when hygienic measures are not adequate, then administer medicines. Suppose we have a disease of the digestive organs, and consequently a

deranged assimilation : there will be a morbid condition of the blood, with a change to a greater or less extent in its normal chemical equivalents ; and this change will be in proportion to the extent and duration of the disease. Now, then, will not the improvement and proportion of digestion rapidly improve secondary assimilation ? Further, suppose the patient is so chlorotic, or anæmic, that the chemical equivalents of the blood can not be restored rapidly enough from the ordinary quantity and quality of food : then we must resort to medicines, and after ascertaining the chemical equivalents to be restored to the blood, we must use medicines which act as “chemical food,” restoring the blood, revigorating the constitution, and almost producing a new being. This our medicines will do. Thus the ferruginous preparations in combination with other tonic and stimulating medicines will act. But how the dead particles, how the inorganic equivalents become assimilated and endowed with life, we know not !

At this meeting of the Society the following officers were elected for this year :—Dr. William Lindsey, President ; Dr. J. P. Haggott, Vice President ; Dr. R. Wallace, Recording Secretary and Librarian ; Dr. E. P. Ebersole, Corresponding Secretary ; Dr. R. Woody, Treasurer ; Drs. P. M. Crume, R. P. Nesbit and R. Wallace, Censors.

Drs. Wallace and Haggott were appointed delegates to the State Medical Society. Notwithstanding the tocsin of war is sounding through the land, deranging every department of business, more or less, we enjoyed a well-attended, pleasant and profitable meeting.

The Society adjourned to meet at Lewisburg, Preble County, on the second Tuesday of July, at 2 o'clock P. M.

---

## Correspondence.

---

### Editorial Correspondence.

---

NEW YORK, June, 1861.

MY DEAR MURPHY :—As you very well know, my visit here is rather for recreation than professional observation ; my purpose being to compensate several years of treadmill drudgery by a temporary throwing of “physic to the dogs,”—rather than any special contributions to the general storehouse of physic. Still it is not easy to shut one’s eyes to passing things ; and although a great many very trifling matters have come under my notice in this week’s sojourn in

the great commercial metropolis of New York, I have also seen some New York men and noted some New York things that may prove worth telling again ; though you must take them as seen on the wing ; so this will be rather a gossiping letter, and to be read when you are in a good humor.

Amongst the features of this city interesting to me, as I presume to all professional men, are its hospitals, general and private ; and for facilitating my visits to these institutions I must acknowledge my indebtedness to the courtesies of our esteemed cotemporary of the New York *Medical Times*, Dr. Geo. F. Shrady ; and for similar personal attentions, and for items of professional interest, I shall not soon forget the genial countenance of Dr. Douglass, editor of the *American Medical Monthly*.

*The Woman's Hospital.*—One of my first visits was to Dr. Marion Sims, who has a hospital, as you know, for the treatment of diseases peculiar to women, and who has established for himself a national reputation, especially for the successful treatment of vesico-vaginal fistula. I had imagined Dr. Sims to be a distant, egotistical, unnecessarily dignified sort of a sprig of professional aristocracy—tolerable only from his successful devotion to his special department of the profession. I do not know how this notion was suggested ;—perhaps that unfortunate address before the Academy of Medicine may have had something to do with it. At any rate, a personal interview banishes all such fancies, if you happen to have them, for he proves himself at once one of the most genial, agreeable and modest of gentlemen. As I am not in pursuit of science, I will not take you through the wards of his hospital, or detail any of his operations, and will only remark that Dr. Sims is just now engaged on a book—not as you would expect on his specialty, but on the subject of tetanus in children ; it will be a small volume, illustrated with several cuts, the preparation of which he is at present personally supervising, and will soon be ready for the press.

*New York City Hospital* looks out on Broadway, and is in the very heart of busy New York. You approach the front entrance through a broad, shaded, open space of ground more than one hundred feet deep from Broadway, guarded by a porter's lodge. The building is a massive stone edifice, conveniently arranged, and all the appointments kept in the most scrupulous neatness and order. I was fortunate enough to make my visit at the time Dr. Buck, one of the attending surgeons, was just starting on his daily round. He is evidently a man



rather of deeds than words; he was courteous and attentive, evidently desirous that as a stranger I should see everything in the wards of interest, and yet there was a certain brusqueness that evidenced the indifference to any holiday or *ad captandum* demonstrations. This hospital is properly a private charity, mainly supported by individual contributions, though to some extent a recipient of State bounty; consequently, while there is a certain proportion of free beds, for the most part the patients are admitted on regular compensation,—the true charity patients of the city being usually sent to Bellevue. The hospital is under the control of a Board of Governors, who are elected by the contributors to its fund. There are three divisions—two surgical, and one medical; and there are appointed to each division one resident physician, who is boarded in the house, with two assistants, who lodge out of the house, but attend and assist in their proper wards during the day. The time of one-third of these—that is, the residents—expires every eight months, the assistants being at the same time promoted; while every eight months an examination is held for the places made vacant by this promotion of second assistant physicians. Therefore, as assistant and resident, each physician gives a service of two years. There are usually about four hundred patients under treatment in the hospital. Medical students are admitted to witness treatment and operations, and hear clinics, without any fee.

*Bellevue Hospital*, however, is the great hospital of New York city. It looks out on East River, and occupies the block of ground between Twenty-seventh and Twenty-eighth Streets. You may judge of its magnitude and importance when I remind you that there are under treatment in this institution from eight hundred to one thousand patients at once, and that the accommodations for their care are abundant and complete, except perhaps in the introduction of the more recent conveniences of such establishments; and during the year there are about ten thousand patients under care. Without counting the lying-in wards, which are not constituted a separate divisions, there are seven divisions—three surgical, and four medical; to each of which there is the same allotment of one resident, one senior and one junior assistant, as I have mentioned at N. Y. City Hospital. Examinations and promotions take place, however, every six months. Each physician, therefore, serves eighteen months in Bellevue, instead of two years, as in the City Hospital. Any regular graduate in medicine is eligible to appointments in each of these hospitals; but before being admitted to an examination the candidate must present a

letter to the examining board from one of the attending physicians or surgeons, which serves to exclude the genus quack or other improper person.

Bellevue Hospital is the great charity hospital of the city. Its government is under the board of commissioners of city charity, and presents to some extent the same anomalous feature of our old Commercial Hospital government — though apologized for from very different reasons ; that is to say, this board of commissioners are responsible to the legislature of the State direct for their appointment and power, while the city treasury affords the maintenance of the institution.

While passing through the wards of Bellevue in company with Dr. Clark, who is one of the attending physicians, I had the great pleasure of meeting Prof. Parker, our old-time fellow-citizen in the days of Drake, Gross, McDowell, and Rogers. By the way, Doctor, that was a grand old faculty ! Dr. Parker is still in his prime, and is certainly one of the finest looking men I have seen in many a day. We had a charming bit of gossip over Cincinnati affairs, ancient and modern, — but I reserve that for some other occasion.

Bellevue Hospital affords immense clinical advantages to medical students, who are admitted without fee. It is here that many names familiar to American medicine and surgery have established their reputation. Wood is one of the attending surgeons, you remember, — and Sayer ; Elliott, and Taylor, and Barker, you bear in mind, are obstetricians ; and the clinical lectures can not be other than of the highest importance and practical value. As I walked through the airy wards of these hospitals, marking the completeness of their arrangements, their order and their cleanliness, I felt sick at heart in view of the hope deferred which the sick and the profession of our great Queen City has been made to experience. And when it was again and again suggested to me, “ Of course, you have fine hospital advantages in Cincinnati ? ” I could only say, “ We hope to have very soon.”

— Before I close up this rambling epistle, I will briefly give you the benefit of a few notes of a day in Brooklyn, and my visit to the Long Island College Hospital. I found Dr. Hamilton packing up, to move over on the New York side of the river, and holding it in mental discussion whether or not to go to the wars. Having published a book on military surgery, I suppose he is tempted to try its practical value in actual service. (Dalton has already gone out as surgeon to one of the New York regiments.) Hamilton is genial, and makes a visitor feel at home ; this, however, you are prepared to anticipate.

As I sauntered into the College lecture-room (the course, you know, being just now in full blast) I found the elder Flint discoursing on the "Types of Fever" to a class of twenty-five. His style is pleasant enough—clear, distinct, and systematic; largely confined to his notes, however, and, as I thought, not very impressive in his manner, though I should fancy that a little personal acquaintance would prove him to be much the same *bon homme* character as our old friend, the late Professor of Theory and Practice in the Miami Medical College. I was amused at various questions propounded to me concerning the medical *schools* of Cincinnati, and endeavored in my replies to cultivate my faculty of "diplomacy."

The teaching resources of Long Island College are good, certainly, and quite sufficient for all the demands made upon it in the shape of a class, and, as I fancy, all that will be, soon,—but not equal to my expectations. The hospital department was exceedingly moderate, and, as I was led to infer, consisted mainly of out-door charity patients who come to the hospital for treatment under the eye of the students, exactly as we have practiced in Cincinnati, in our old dispensary plan. There are, however, accommodations for a number of patients, but these are selected with reference to their clinical utility. Lying-in rooms are provided, and the patients placed under the care of the advanced students. Altogether, I am not impressed with the probable success and permanency of this institution. If nothing else, the Faculty are not *sufficiently identified with its interests and fortunes*. Their strong men have already their hearts elsewhere: thus, as you observe, Hamilton, the two Flints and Doremus are part of the Faculty of the new Bellevue Hospital College, which goes into operation this autumn,—and about this enterprise I might give you some gossip, but in mercy I for the present refrain.

Concerning many men and things of New York I was permitted to enjoy a glimpse behind the curtains; but for the present all of these will answer, as our recently deceased cotemporary, Dr. D. Meredith Reese, was fond of saying, "as a rod in pickle," to be used when occasion may serve.

—I must give you a legend that was told to me while sojourning recently in one of the interior villages of this State. It is related that many years ago a monkey attached to a traveling menagerie died in the town of Antwerp, from *ship fever*. Thereafter, from time to time, a similar form of fever, known as the "Antwerp fever," has prevailed in the region round about, supposed to have originated from the sickness and death of that monkey! Is this an item for those philoso-



phers who believe that the human race is a gradual development from the ape? Whether or no, I commend this legend of the "Antwerp fever" to their attention, submitting it for their exclusive use and benefit.

With my benediction, I remain, as ever,

E. B. S.

---

### A Letter from a Young Foggy to an "Old Foggy."

MR. EDITOR:—In your journal for May, an "old foggy" asks an indefinite number of questions, which he requests you to answer for the benefit of those "who are willing to confess their ignorance." As you have not seen fit to enlighten our "old foggy" friend, we feel disposed to come to your aid, and try to lift the fog that obscures the vision of our Pericksville cotemporary.

Our critic objects that we used other remedies in conjunction with quinine, and insinuates that this last mentioned remedy had nothing to do with the cure! We have only to say that we think differently, and we would respectfully ask him if he ever treated a severe case of inflammation of a vital organ "with but one remedy?" If he has ever used more than one remedy, simultaneously, will he please tell us why? If he has used calomel and jalap, why not all calomel and no jalap, or all jalap and no calomel?

Our learned critic tells us that quinine and veratrum viride are "nearly or quite antagonistic!" Will he please cite his authority. Veratrum viride is an arterial sedative, and quinine is an arterial and nervous sedative, and a nerve and blood tonic. To get, in one combination, an arterial sedative and a nerve tonic is a desideratum not to be lightly considered.

Our critic complacently asks if quinine (we prefer this term to quinia,) is a sedative, why combine it with veratrum viride? We answer by asking another. If calomel is a cathartic, why combine it with jalap? or salts with senna? If ipecacuanha is an emetic, why combine it with antimony? If senega is an expectorant, why combine it with squills? If digitalis is a diuretic, why combine it with cream of tartar? If opium is a diaphoretic, why combine it with ipecacuanha? When our critic answers these inquiries we will answer his.

Our critic asks what authority regards quinine as a stimulant, and with very great self-complacency insinuates that no such authority is to be found. We suppose every body regards Dr. G. B. Wood as an "authority" in medicine. In his *Dispensatory*, which we sup-

pose every physician, even an "old foggy," reads, quinine, if we can understand the English language, is regarded as a stimulant.

Speaking of its administration, Prof. Wood says: "After some time has elapsed, the circulation often experiences its influence, as exhibited in the somewhat increased frequency of pulse; and if the dose be repeated, the whole system becomes more or less affected, and all the functions undergo a moderate degree of excitement. Again he says: "But, besides the mere excitation of the ordinary functions of health," etc. Now, sir, if "excitement" and "excitation" do not mean stimulation, then we fail to comprehend the English language! In Dr. Wood's work upon Therapeutics, speaking of the effects of the administration of quinine, he says, "This state of excessive excitement," etc. Now, sir, is an excessive excitement a stimulation, or is it not?

Our critic even confesses that he regards quinine as a stimulant when he says that it and veratrum viride are antagonistical in their action.

He asks what authorities "teach that stimulants and tonics are necessarily injurious in inflammation"? We answer, all authorities we have ever read, excepting, perhaps, Drs. Bennett and Todd.

Our critic asks if quinine ("quinia") will act as a sedative in *three-grain doses*? We answer, it serves our purpose in that dose very often. Three grains, by weight, of good sulphate of quinine, if repeated every three or four hours, is certainly, when properly combined, a sedative of no mean importance. Upon this point we and our critic are at variance. We certainly speak from observation, and he confesses he does not.

Our "old foggy" critic insinuates that we have predicated our remarks upon one case! If he will turn to the *Lancet and Observer* for October, 1858, he will find we there reported thirty similar cases. Since that we have, perhaps, treated a hundred like cases in the same manner, and with like results, losing no cases over two years of age and under sixty. If he will read our summary for the last two years, in the *American Medical Monthly*, he will find an allusion to these cases. The case referred to by him, was but a continuation of our cases, and the first of seven double pneumonia thus treated. Since that case was given, we have treated several other cases of pneumonia, in like manner, with the same satisfactory results. We have to-day three cases under treatment with quinine and Dover's powders, and in one of the cases the addition of veratrum viride. We expect all to recover in ten days from attack.

Because we have not seen fit to occupy time and space with a de-

tailed account of symptoms, general and physical, our critic seems to doubt our ability to diagnose a case of pneumonia! Is this the courtesy of old fogysm? He asks, "Is rhoncus then a sign of pneumonia?" Again, "What authority gives rhonchus as a sign of pneumonia, either when at its height, or in its increasing or decreasing stages?" The question we presume to be honestly asked, and shall, consequently, honestly answer. Dr. Walsh, than whom there is no higher authority in this matter, says, of the physical signs of pneumonia: "The respiratory murmurs are weak, suppressed, or masked by rhonchus in the affected parts, exaggerated in those at some distance from them and in the opposite lung. . . . All this is accompanied with the rhonchus, pathognomonic of this stage, the true primary crepitant."—(Walsh on the Lungs and Heart, edition of 1851, p. 290.) Dr. Gerhard, upon this point, says: "Subsequently we meet with another sign, which is said to be pathognomonic of the first stage. This is the crepitant rhonchus."—(Gerhard on Diseases of the Chest, fourth edition, p. 188.) Dr. Drake, speaking of the symptoms of pneumonia, says: "When the stethoscope is applied, more or less of bronchial rhonchus is heard."—(Drake on the Principal Diseases of the Interior Valley of North America, second series, p. 856.) Dr. Copland says: "In the second (or Laennec's *first*) stage the *crepitating ronchus*, and the gradually diminishing vesicular murmur, are the characteristic signs of pneumonia."—(Copland's Dictionary of Practical Medicine, vol. ii., p. 884.) Laennec and Watson both speak of a pathognomonic symptom of pneumonia, which they call *crepitant ronchus*. Dr. Watson says: "*We can not too highly value this single symptom*, which gives the *earliest and surest* intimation that such a disease has begun, as tends to disorganization, and the inevitable loss of life, unless quickly arrested by its counteracting remedy."—(Watson's Lectures on the Principles and Practice of Physic, third American edition, p. 563.) When he speaks of certain death and disorganization, it should be remembered that Watson was an "old fogy," believing that pneumonia could only be successfully treated with bleeding, antimony, and calomel! Dr. Condie says: "The symptoms of pneumonia are crepitant *ronchus*, bronchial respiration, and a flat sound upon percussion."—(Condie on Diseases of Children, second edition, p. 276.)

In the case reported our critic suggests that the carbonate of ammonia would have been a better remedy than tartar emetic, veratrum viride, or quinine, even in the early stages. He would out-Herod Herod. Upon this point we must beg leave to differ—we certainly



prefer the quinine to the carbonate of ammonia, unless in the very last stages of a typhoid pneumonia. Our critic complacently asks, "Of what color is anything almost a color?" Anybody but our Pericksville cotemporary would get an idea of the color meant, when we say *almost white*, or *very nearly black*. Our critic pretends to hold up his hands in horror at what he supposes is an inconsistency. On the second day, we said the symptoms were *nearly the same* as on the first, *except* as regarded the *cough and expectoration*. It was in regard to these very symptoms that he asks us to "reconcile the statement!" My dear sir, the statement is already reconciled—we had confessed the unlikeness here! Our critic asks very many other questions—too many for us to answer here. But he inquires, "Have we any principles in medicine? have we any pathology?" We answer, he who bleeds every case of pneumonia, because some authority has recommended such treatment, in our judgment repudiates both "*pathology*" and "*principles*," and will have an occasion to answer our Pericksville critic's question in nearly the language of the inquiry—really, we do *not* "know anything of the action of medicines upon the system in health and disease." He who takes a different view of his duty, observes closely the natural course and effects of disease, and the general influence of remedies over both health and disease, and deviates from the dictum of special therapeutics, when he is confident the well established principles of *general pathology and therapeutics* demand it, will come to a different conclusion. He will assert that we have "reliable doctrines," both in regard to diseases and remedies. He will decide, also, that he knows something of them, and he will determine to learn more, and will maintain that the science of medicine is not "guess work" entirely. Would, for the honor of medicine and the good of the afflicted, there were fewer of the former and more of the latter!

— Since writing the above, we have treated four cases of pneumonia. One was a case of double pneumonia, very similar to the one reported in the *Lancet and Observer* for April, and criticised by an "old foggy" in the May number. All four of the cases recovered, and the period of their confinement, we think, was below the average. We do not propose to report the cases in full, as to symptoms or treatment. Suffice it to say, that the diagnosis was established both by physical and general symptoms. The peculiar rust-colored sputa was present in all the cases. We trust those of our readers, except "old foggy," who know us, will be willing to concede to us the ability of diagnosing

a case of pneumonia, without giving tedious proof by detailing several pages of symptoms.

One of the cases, Miss Akin, aged 22 years, was taken on the 8th of May, and discharged on the 20th of the same month. This was a severe case of single pneumonia. On the third day the pulse was 125 per minute, notwithstanding the patient was taking two drops of Tilden's fluid extract of *veratrum viride* every two hours. The friends were greatly alarmed, and, in our absence, arranged to send for two or three physicians in consultation. On our arrival we prevailed upon them to wait twelve hours and note the action of quinine. We predicted free perspiration, slower breathing, and a greatly diminished pulse, as to frequency. Quinine, in four-grain doses, was given every four hours, with about six or eight grains of Dover's powders. The symptoms improved very soon—the cough greatly diminished, and the pain on coughing greatly abated; the perspiration was free, the pulse in twenty-four hours had sunk to below ninety, and in forty-eight hours the tongue gave evidence of beginning to clean. The friends were quite well satisfied with the improvement, and nothing more was said about counsel. The patient was discharged on the *twelfth* day of the disease.

To the case of double pneumonia, we were called on the 13th of May. The patient, Miss Williams, was about 20 years of age, and, though engaged as a servant, her health was not robust. On the second day we commenced with quinine and Dover's powders. The fever abated very soon, and perspiration was quite free. The patient was discharged on the 25th, or the twelfth day from the attack. The other two cases were discharged on the tenth day of treatment.

These cases were not cases of malarial pneumonia, for malarial fever was never known to originate here. Neither were they properly cases of typhoid pneumonia. Neither of the cases were bled—all were blistered once or more—neither of them had antimony, except for the first one or two days, and then in doses too small to nauseate.

In the last three years we have treated many cases of pneumonia in this manner, with results quite satisfactory. From ten to fourteen days has been the usual duration of the disease. Under bloodletting, antimony, calomel, etc., patients are not usually discharged before the twentieth day. In the *Boston Medical and Surgical Journal*, for May 23, Dr. Bowditch, of Boston—a physician of the highest qualification—reports two cases of pneumonia. Local bleeding, antimony, calomel, and the usual authoritative treatment, was pursued. One was discharged on the twenty-second, and the other on the twenty-

third day of the disease. As pneumonia has occurred to us, quinine and opium will shorten the duration of the disease full one-half over the usual treatment.

O. C. GIBBS, M.D.

FREWSBURG, New York, 1861.

---

### An Extraordinary Case of Entire Absence of Vagina.

MESSRS. EDITORS : — In March, 1860, I was called to see Mary J. McD., who was suffering intensely from retained menses ; her age about 17. Having previously prescribed for the patient, without affording relief, I requested an examination, which was granted ; and, very much to my surprise, and I have been in the active practice of medicine for forty years, I found no trace of a vagina ; there was not even a pit, or depression, corresponding to the vaginal opening, discoverable upon the most careful examination, and the space between the anus and the orifice of the urethra was unusually small—scarcely more than the usual perineal space. I introduced my finger within the rectum in search of the uterus, and felt a body, high up, as far as I could reach, firmer than the surrounding structures, and of such a size and shape that I regarded it as, without doubt, the uterus.

I informed the girl, as also the people with whom she lived, of her condition, who readily assented that means should be attempted for her relief, if possible. Upon consultation with several medical gentlemen of the vicinity, it was agreed to attempt an operation for restoring the vaginal canal. After various delays, and surrounded by many embarrassments, unnecessary to detail, we commenced the operation by placing the patient under anesthetic influence. Dr. Gething took charge of the ether, and Dr. Hopton assisted me in the operation. It was found almost impossible to secure the desired effect of the ether, and, consequently, a mixture of equal parts of chloroform and ether was used, with prompt and satisfactory results. We introduced a gum elastic catheter into the urethra, as a beacon anteriorly, and the finger in the rectum posteriorly, and, with the scalpel, proceeded to dissect up the integuments, passing carefully in the pelvic axis upward and backward, using all precaution to avoid the urethra, on the one hand, and the rectum on the other. The narrow space, and the free hæmorrhage, rendered our proceeding a very tedious matter ; but, having penetrated about the depth of a finger length, the outline of the os uteri was plainly felt, by Drs. Gething, Hopton, and myself. We supposed it possible there might be some muscular fibres still re-



maining, which would require division, but, for fear of wounding the ill-defined os uteri, we decided to await some subsequent occasion, and complete the operation, if required.

The wound was cleansed and dressed, a large tent placed in the new-made passage, and the patient put to bed. That night she had a very large discharge of black, thin menstrual fluid, which led us to infer that the communication with the uterus was perfectly established. The patient remained in the village about ten days, during which time everything appeared to do well. She was then removed by her friends a few miles distant, where she was still under our occasional observation, and where we instructed her to dress the wound for herself. I still expected to make a final examination of the condition of the parts, so soon as the first wound should be sufficiently healed, and, if necessary, complete the operation; but, before time and opportunity permitted such an examination, she was taken by her father over into Virginia, and, of course, I lost sight of the case.

It appears, however, from a communication which recently appeared in your journal, that a gentleman of Sistersville, Va., has completed, or attempted the completion, of our operation. According to his account, he made a *crucial incision in the hymen*, and, by introducing his speculum, was enabled to discover the cicatrix remaining from our operation. Being familiar with the original condition of this patient, and our own attempt at relief, we were certainly very much astonished at the details given by your correspondent; and, especially, that he should find a hymen situated at the posterior, instead of the anterior, portion of the vagina. This, however, probably accounts for the difficulty he experienced in making his crucial incision.

I am, very respectfully,

LEWIS GRATIGNY.

---

## Reviews and Notices.

---

*A Report on Epidemics and Endemics: Cholera.* By O. C. GIBBS, M.D.

We have received this report from the author. It is a *brochure* of some forty-four pages. The author holds that "first among the local causes of cholera stands *miasm*—a poisonous exhalation from *decomposing animal and excrementitious matter*," and enters at length into proof of this. He does not believe in its contagiousness, and in this view we entirely agree with him. The report shows a good deal of preparation and reflection.

*A Practical Treatise on Military Surgery.* By FRANK HAMILTON, M.D., late Surgeon Thirty-third Regiment, Fourth Brigade, Fourth Division, New York State Militia; Prof. of Military Surgery and of Diseases and Accidents incident to Bones, in Bellevue Medical College; Surgeon to Bellevue Hospital, etc., etc. New York: Baillière Brothers. 1861. Pp. 232.

*A Manual of Military Surgery: or, Hints on the Emergencies of Field, Camp and Hospital Practice.* Illustrated with wood-cuts. By S. D. GROSS, M.D., Prof. of Surgery in the Jefferson Medical College of Philadelphia. Philadelphia: J. B. Lippincott & Co. 1861. Pp. 186.

We received these two books too late for our last number.

Prof. Hamilton's book is divided into the following chapters: Chap. 1. Introduction; Chap. 2. Examination of recruits; Chap. 3. General hygiene of troops; Chap. 4. Bivouac, accommodation of troops in tents; Chap. 5. Hospitals; Chap. 6. Preparation for the field; Chap. 7. Hygienic management of troops on the march; Chap. 8. Conveyance of sick and wounded soldiers; Chap. 9. Gunshot wounds; Chap. 10. Amputation; Chap. 11. On the employment of anesthetics in amputation and other surgical operations after gunshot injuries; Chap. 12. Hospital gangrene; Chap. 13. Dysentery; Chap. 14. Scorbutus, or scurvy; Appendix. This is, in our opinion, the best handbook issued on the subject. It is much more complete than either the one by Dr. Tripler, or that by Prof. Gross.

Dr. Gross treats his subject under the following heads: Chap. 1. Historical sketch of military surgery; Chap. 2. Importance of military surgery; Chap. 3. Qualifications and duties of military surgeons; Chap. 4. Medical equipments, stores and hospitals; Chap. 5. Wounds and other injuries; Chap. 6. Amputations and resections; Chap. 7. Ill consequences of wounds and operations; Chap. 8. Injuries of the head, chest and abdomen; Chap. 9. Diseases incident to troops; Chap. 10. Military hygiene; Chap. 11. Disqualifying diseases; Chap. 12. Feigned diseases; Chap. 13. Medical, surgical and dietetic formulæ. It gives evidence of having been written in haste, but contains in a small compass valuable matter.

We opine that the medical man called to the care of the troops will find either or all of these books useful to him in regard to his duties. It is to be hoped, however, that no one will so far deceive himself in thinking that he will be prepared to pass any one of the medical boards for the examination of candidates for the post of surgeon to the troops, after having read these books.

### Editor's Table.

---

*Ohio State Medical Society.*—Although we have no official report of the meeting of the State Medical Society, yet we are gratified to learn that considering the state of the country, and the financial condition of Doctors' pockets these times, it was a most excellent and successful meeting. Quite a number were present; some of the members bringing their families to enjoy the well-known hospitalities of mine host of the *White Sulphur Springs*. The sessions continued through Tuesday and Wednesday, the 25th and 26th of June.

The officers elect, for the ensuing year, are as follows: For President—Dr. M. B. Wright, of Cincinnati; Vice Presidents—Drs. E. L. Plimpton, N. Dalton, J. Harman, and R. Gundry; Recording Secretaries—Drs. W. W. Dawson, and Williams of Delaware; Treasurer—Dr. J. B. Thompson, of Columbus; and R. Thompson, Librarian. The address of the retiring President, Dr. Conklin, of Sidney, is pronounced unusually fine and appropriate. Several volunteer papers were read by Drs. Pomeraine, Culbertson, Dalton and Boerstler. These papers are said to be of decided value as scientific contributions, and together with the proceedings will be of enough volume and importance to warrant the usual issue of the annual transactions.

We understand invitations were urged for the Society to convene in 1862 in Cleveland, and, perhaps, one or two other points; but the present delightful location seems so well adapted for all the social and scientific purposes of the Society that it again adjourned to meet, on the third Tuesday in June, 1862, at the Ohio White Sulphur Springs.

---

*Governor Dennison and his Medical Appointments.*—The medical profession and the soldiers of the State of Ohio have been grossly and outrageously treated by the Governor, in his medical appointments. This is a serious charge, but we shall attempt to state some facts to prove it. After Dr. McMillen, the late Surgeon-General, left with the First Regiment, the Governor looked around for some one to fill his place; but, in the whole great State of Ohio, out of some four thousand physicians, he could find no one fit for the office, and did not succeed until he found a gentleman but recently arrived from Arkansas, and but a few days in Cincinnati. Every medical man, and many intelligent citizens, immediately asked, Who is this man appointed Surgeon-



General? So great was the astonishment excited by the appointment that everybody immediately asked the question, if we had not some man fit for the office, of acknowledged ability, and well known professional standing? In Indiana, Pennsylvania, and many other States, we find gentlemen of position and known ability, and at the same time identified, for years, with the profession of their several States, called to fill the responsible office of Surgeon-General. In all other States the Surgeon-General resides in the same city with the Governor and Commander-in-Chief, so as to advise him, but in our State the Governor resides in one city and his Surgeon-General in another. As an example of this management, we are informed by an Assistant-Surgeon, now on duty at Camp Dennison, that the surgical instruments furnished by the Governor and his Surgeon-General are of the poorest character, and that several of the most useful and important ones have not been furnished. No splints of any kind have been provided. The same gentleman informs us that only two small bottles of chloroform have been furnished in the medical stores of each regiment. How long will this small quantity of chloroform last if these regiments should be cut up and many of the men wounded? Still worse, not a single ambulance or stretcher has been furnished to either of the regiments which have been ordered to Virginia from Camp Dennison. Indeed, one or two regiments have been ordered off without either canteens or tents. We hear that the surgeons in Camp Dennison protested to the State Medical Board (which visited the camp a short time since) concerning the bad character of the instruments employed.

Who is responsible? No others than the Governor and his Surgeon-General. The latter officer, we have been informed, gave orders on the Government officers in New York for about twenty thousand dollars worth of instruments, including several obstetrical instruments! The Government officers expressed great surprise, and refused to send the full amount ordered. The particular use for which the obstetrical instruments were intended we are at a loss to know, as the troops were not allowed to carry any women along.

Why did not the Governor, or his Surgeon-General, order instruments, splints, ambulances and stretchers in Cincinnati? High State reasons, we suppose, forbid. The next piece of glaring injustice and unfairness, not to say dishonesty, is the course he has pursued in ordering the Surgeons and Assistant-Surgeons to duty. When troops were first called out, so great was the pressure on the Governor for the medical appointments, that to relieve him of the trouble, and at the same time ensure the selection of the best medical men, the Legislature,

with his advice, we believe, passed a law organizing a Medical Board for the examination of all who should apply for the office of Surgeon and Assistant-Surgeon. The law permitted the Governor to appoint the Board. It was fair to suppose that this Board would report those who received its approval, *in the order of their merit*. This, we are informed, it did. Now, what was the plain, honest course of the Governor? To appoint men to the regiments *according to the order of merit*. But this he has not done, but has consulted political and geographical localities. This is especially true in regard to his appointments of those who have recently passed its Board. There is a young gentleman in this city who was examined for Assistant-Surgeon, and who passed the best examination (according to the publicly expressed opinion of the oldest member of the Board) of all the candidates who were examined, and was reported as such; yet he is overlooked, and other men below him in the merit of examination have been appointed. We could particularize still further, but do not deem it necessary. The Governor has resorted to the small business of keeping up his political popularity by appointing Surgeons and Assistant-Surgeons on geographical locality.

We do not understand what further use he can have for the Medical Board, as he pays but little attention to its recommendations. We, therefore, recommend him to dismiss it.

We hope that no medical man will in the future place himself in a position to be so badly treated.

---

*Clement A. Finley, M.D.*, recently promoted to the office of Surgeon-General of the United States Army, is a native of Ohio. He entered the army as Assistant-Surgeon on the 10th of August, 1818, nearly forty-three years ago, and was promoted to the rank of Surgeon on the 13th of July, 1832. He was the Senior Surgeon in the Medical Department of the Army, and entitled to the promotion. The Senior Surgeon of the Army, now, is Dr. Satterlee.—*Amer. Med. Times*.

---

*Army Surgeons.*—The following named gentlemen, having passed the Board of Medical Examiners, which convened in New York City, May 1, have been appointed Assistant-Surgeons by the President: W. A. Hammond, Pa.; J. P. Wright, Pa.; H. M. Sprague, Conn.; Chas. C. Gray, N. Y.; W. C. Spencer, N. Y.; F. L. Town, N. H.; A. Ingram, Ohio; P. V. Schenck, N. J.; J. W. S. Gouley, La.; Dallas Bache, D. C.; B. E. Joyer, Pa.; John H. Frantz, Pa.; Webster Lindsly, D. C.; C. E. Godard, N. Y.; H. R. Silliman, Pa.; P. C.

Davis, Va. ; Jos. S. Smith, Va. ; C. J. Willson, D. C. ; James J. Weeds, Ohio ; Chas. B. White, N. Y. ; Y. M. Strenberg, N. Y. Dr. Town is now on duty at Newport Barracks, opposite the city.

---

*Sanitary Commission.*—The following gentlemen have been appointed by the Secretary of War a Sanitary Commission “to inquire into the sanitary condition of the volunteer regiments, engaged in the service of Government, and to take measures to remedy defects therein, by recommendations addressed to the proper military authorities :”

Henry W. Bellows, President, New York ; Prof. A. D. Bache, Vice-President, Washington ; Elisha Harris, M.D., Corresponding Secretary, N. Y. ; George W. Cullum, M.D., U.S.A., Washington ; R. C. Wood, M.D., U.S.A., Washington ; W. H. Van Buren, M.D., N. Y. ; Alexander Shiras, M.D., Washington ; Wolcott Gibbs, M.D., N. Y. ; Samuel Y. Howe, M.D., Boston ; C. R. Agnew, M.D., N. Y. ; J. S. Newberry, M.D., Cleveland ; George T. Strong, N. Y. ; Fred. Law Olmstead, N. Y. The members of this Commission serve without fee or reward.

Mr. F. Law Olmstead will serve as the resident Secretary and General Agent at Washington. The Commission has the fullest confidence of the Government, and was appointed at the suggestion of the Medical Bureau of the Army at Washington.

This commission has a great work before it. An appreciation of the necessity and extent of its labors is fully set forth in the address which it has issued to the people of the United States. It proposes to introduce a plan by which the food for the troops shall be well cooked, the water purified when necessary, ventilation of tents, building and furnishing of first-rate hospitals, and seeing that good clothing, pure medicines, abundant supply of tents, and a good and sufficient number of nurses are provided. “If,” says the address, “the Commission shall be enabled fully to execute the work it contemplates, and hopes to accomplish, it will save, at least, twenty thousand out of every hundred thousand men raised for the war from perishing uselessly, ingloriously, and unnecessarily, from mere want of the systematic precautions which ought to be provided (and which can be provided at a cost comparatively insignificant) against perils of exposure and disease.”

So great is the labor thrown on the Medical Bureau at Washington that it has found itself wholly unable to look after the volunteers as it should do. This Commission, therefore, appeals to the public at large for donations and contributions to pay its agents in traveling, etc. It



is vested with full authority by the Surgeon-General of the Army to visit and inspect all posts, camps and hospitals. The object of this Commission is not only a necessary one, but a very useful one. We hope our readers, in their respective localities, will urge its claims on their friends. Dr. Bellows, at the present writing, is in Cincinnati, *en route* to Cairo, to visit the camp at that place.

Donations may be sent to George T. Strong, Treasurer, No. 68, Wall-street, New York.

—In reference to this Commission we find the following official order of Surgeon-General Finley :

SURGEON-GENERAL'S OFFICE, June 15, 1861.

A Sanitary Commission having been ordered by the President of the United States, to examine into the condition of the volunteers, with reference to Police Regulations, Hospital Supplies, and other subjects connected with the hygiene of troops, it is enjoined upon all medical officers of the army and volunteers to render every facility for such objects, and to give the Commission admission, when on visits of inspection, into all hospitals, regimental and general.

C. A. FINLEY, Surgeon-General U.S.A.

---

*St. Paul (Minn.) Academy of Medicine.*—We have received the Constitution and Regulations of this Medical Association, and express our pleasant gratification at the prosperity which is manifested. This Academy was instituted March, 1860 ; and the Secretary, Dr. Wharton, states that although with only nine members, “the Academy is in the possession of two spacious rooms, suitably furnished and well lighted with gas; has procured, at no little expense, a superior microscope, an analytical chemical apparatus, and an electrical machine.” “A Medical Library has been commenced, which bids fair to attain a very respectable size, through the contributions of physicians, and by purchase.” The cash receipts of the first fiscal year was \$620.72 ; expenditure, \$462.93 ; leaving \$367 in the treasury. The St. Paul Academy has adopted the code of ethics of the American Medical Association. We commend the example of the St. Paul Academy of Medicine and Surgery to the attention and emulation of the profession at large.

---

*The absence of Dr. Stevens* from Cincinnati will account for any apparent neglect of correspondents in matters pertaining to the business affairs of the *Lancet and Observer*, and otherwise. It will also explain somewhat the delay in the issue of the June and July numbers ; a failure on the part of our paper-makers, however, must divide this responsibility, particularly for July.

*Surgical Appointments to the Indiana Regiments.*—We have been kindly furnished, by Dr. Parvin, of Indianapolis, with the following list of appointments which have been made to the Indiana volunteer regiments. It will be seen that a few of these names are amongst the most prominent physicians of our sister State—active and efficient as practitioners, and well known as working members of the State Society :

Sixth Regiment : Surgeon, Charles Schüssler, Madison ; Assistant, John W. Davis, Vincennes.

Seventh Regiment : Surgeon, George W. New, Indianapolis ; Assistant, William Gillespie, Rising Sun.

Eighth Regiment : Surgeon, James L. Ford, Wabash ; Assistant, George W. Edgerlee, Muncie.

Ninth Regiment : Surgeon, Daniel Meeker, Laporte ; Assistant, M. G. Sherman, Michigan City.

Tenth Regiment : Surgeon, Thomas P. McCrea, Logansport ; Assistant, William H. Myers, Fort Wayne.

Eleventh Regiment : Surgeon, Thomas W. Fry, Crawfordsville ; Assistant, John C. Thompson, Terre Haute.

Twelfth Regiment : Surgeon, William Lomax, Marion ; Assistant, Isaac Caselberry, Evansville. (State service.)

Thirteenth Regiment : Surgeon, Ferdinand Mason, Grandview ; Assistant, Alois D. Gall, Indianapolis.

Fourteenth Regiment : Surgeon, Joseph G. McPheeters, Bloomington ; Assistant, George W. McCune, Rockville.

Fifteenth Regiment : Surgeon, Richard C. Bond, Aurora ; Assistant, J. Milton Youart, Lafayette.

Sixteenth Regiment : Surgeon, Elias Fisher, Richmond ; Assistant, Geo. F. Chittenden, Anderson. (State service.)

Seventeenth Regiment : Surgeon, John Y. Hitt, Greensburg ; Assistant, David H. Henry, Goshen.

John S. Bobbs, Indianapolis, Medical Director.

---

— Since our last issue, Governor Dennison has reorganized the Medical Board for the examination of candidates for Surgeons and Surgeons' Mates to the Ohio forces. In place of Drs. Blackman and Whiting, he has appointed Drs. Awl and Smith, of Columbus. The reasons assigned for this are, that it was too *expensive and inconvenient* to have Drs. Blackman and Whiting repair to Columbus when they should be wanted. It is certainly very refreshing and gratifying to find the Governor growing economical, especially when he has been paying about two prices for the miserable clothing of the troops. At any rate he has the Medical Board, composed of Drs. Awl, Smith and Hamilton, located at Columbus. This Board met in Columbus, June 18th, and after an examination, by written questions and answers, re-

commended the following gentlemen to the Governor as Surgeons: W. Clendenin, M.D., Joseph T. Webb, M.D., of Cincinnati; Norman Gay, M.D., Columbus; J. Y. Cantwell, M.D., Mansfield; R. N. Barr, M.D., Columbus; Francis Gaeter, M.D., Waterloo, Fayette Co.; M. M. Stimmel, M.D., Ada, Harding Co.; David Welsh, M.D., Glencoe, Belmont Co.; W. R. Thrall, M.D., Keokuk, Iowa; G. R. Weeks, M.D., Booneville, Seneca Co.; J. L. Crane, M.D., Ashland. Surgeons' Mates—Thomas H. Kearney, M.D., Thomas Neal, M.D., of Cincinnati; John McCurdy, M.D., Youngstown; Julius C. Schenck, M.D., Cleveland; Andrew Sabine, M.D., Union Co.; J. W. Cooke, M.D., Toledo. The Board came down to Camp Dennison and examined Assistant-Surgeon Greenleaf, and Surgeon Ball, of the Fifth Regiment, who were appointed by the Governor previous to the organization of the Board. We understand that the Governor ordered Surgeon-General Shumard to report himself to the Board for examination at Columbus, but he did not appear. We should like to be informed why the Board admitted a gentleman from Iowa. Is there not enough of good men in Ohio?

---

The Governor has ordered Joseph T. Webb, M.D., of Cincinnati, Surgeon, and John McCurdy, M.D., Assistant-Surgeon, to the Twenty-third Regiment.

David Welsh, M.D., Surgeon, and Enoch Pearce, M.D., Assistant-Surgeon, to the Twenty-fourth Regiment.

L. G. Meyer, M.D., Surgeon, and G. R. Weeks, M.D., Assistant-Surgeon, to the Twenty-fifth Regiment.

M. M. Stimmel, M.D., Surgeon, and A. Sabine, M.D., Assistant-Surgeon, to the Twenty-sixth Regiment.

Julius Schenck, M.D., of Cleveland, Assistant-Surgeon, has been ordered to the Twenty-second Regiment.

T. L. Neal, M.D., of Cincinnati, Assistant-Surgeon to the Eighteenth Regiment, *vice* W. H. Drury, M.D., resigned.

---

*The Kentucky Regiments.*—Col. Guthrie, of the First Kentucky Regiment, has appointed Dr. S. G. Menzies, of Cincinnati, surgeon, and Dr. G. R. White, of Ky., mate, to his regiment.

Col. Woodruff, of the Second Kentucky Regiment, has appointed Dr. John F. White surgeon, and Dr. S. P. Bonner mate to the Second Kentucky Regiment. We learn that these gentlemen have been examined as to their qualifications, by Surgeon Wright, U.S.A., and were approved.



— The annual meeting of the Pennsylvania State Medical Society has been postponed until next year.

— Prof. Henry H. Smith, of the University of Pennsylvania, has been appointed Surgeon-General of the Pennsylvania forces.

— Prof. Hamilton, of Brooklyn, New York, has entered the army service as Surgeon to the Thirty-first Regiment of New York State Volunteers.

— Dr. Mott delivered a eulogy on the late Dr. Francis, before the Academy of Medicine, on the last Wednesday evening in May. The address is to be published.

— At the annual commencement of the Medical Department of the University of Vermont, which took place June 13th, twenty candidates received the degree of M.D.

— Dr. C. G. Comegys has been appointed a Director of the Long-View Lunatic Asylum, in place of Dr. J. L. Vattier, whose time had expired. The appointment is an excellent one.

— M. Chassignac has lately performed the operation of lithotomy on a boy three years of age, with his favorite instrument, the ecraseur. The child had quite recovered at the end of six weeks. A calculus about an inch in diameter was extracted.

— We understand that Dr. Blackman has received authority to nominate three Surgeons for the gun-boats Conestoga, Lexington and Tyler, which left the city recently for Cairo. The gentlemen appointed will rank as Assistant-Surgeons in the navy.

— Dr. O. C. Gibbs having received the names of only one hundred and twenty subscribers to his "Year-Book of American Contributions to Medical Science and Literature," and being unable to undertake its publication, has postponed its issue.

— The following named gentlemen having been approved by the Navy Medical Board, have been reported to the Secretary of the Navy for appointment as Assistant-Surgeons: Samuel D. Flagg, Jr., Jas. H. Tinkham, Charles H. Covill, A. C. Rhoades, of New York; Jacob H. Gonwald, of Ohio; W. H. Leavitt; W. L. Wheeler, of Massachusetts; A. O. Leavitt, Fred. E. Potter, of New York.

— Dr. Andrew J. Baxter, of Cincinnati, a graduate of the Medical College of Ohio, at its last commencement, and one of the resident physicians of the Commercial Hospital, having been examined and approved by the Army Medical Board, has been reported to the Secretary of War, and has been commissioned. He has been ordered to Washington City for duty. The army has received two good physicians in Drs. Ingram and Baxter, both of this city.

— The Society of Pharmacy, of Paris, has offered a prize of six thousand francs, to which the Minister of War will add four thousand, for the discovery of a substitute possessing equivalent febrifuge properties to quinine, or for the artificial formation of that alkali. The prize is left open until July 1, 1861.

— We hope that every medical man connected with the volunteers is fully informed of the prophylactic property of quinine in regard to malarial diseases. If there is one fact better proved than another in regard to the action of medicines, it is that quinine is a prophylactic to intermittent fever, and all its dire sequelæ. This has been fully proved by Naval Surgeons in the British fleets serving on the coast of Africa. We believe that all troops, stationed or marching through malarious districts, should be compelled to take from four to six grains of quinine daily. Particularly should this be enforced at such places as Cairo, and by all of the sentries exposed at night in localities where malarial diseases are prevalent. Every physician who has practiced in the great malarial districts of the West, we presume, is acquainted with this fact.

— Dr. McMillen, Surgeon of the First Regiment Ohio Volunteers, is ordered home to resume the duties of Surgeon-General of the State troops. In this connection, we are glad to inform our readers that Dr. McMillen was prepared, with his instruments, etc., to give assistance to the troops in the late attack on his regiment, under command of General Schenck, at Vienna. After the fire on the regiment, the engineer of the train started it for Alexandria, and carried the instruments with him. We state this in justice to Dr. McMillen, as many believe, amid the gross carelessness of the commanding officers of the unfortunate regiment, the surgeon also was greatly deserving of censure. The New York reporters also telegraphed that Dr. McMillen had neglected to carry his instruments.

Since writing the above, we see that Col. McCook, commander of the First Regiment, fully exonerates Dr. McMillen from all blame, and states that he was fully prepared, but was deprived of his instruments, in the confusion, by the hasty retreat of the train.

---

*Married.*—In Cincinnati, July 2d, by Rev. W. A. SNIVELY, Dr. CHAS. T. SIMPSON and OCCIE, daughter of P. A. SPRINGMAN, Esq.

---

*New Books.*—Few books are issuing from the medical press at this time; we have, however, just received Maxson's Practice of Medicine. but have not yet had time to examine it. Shall notice it next month.

*Artificial Legs*—*Dr. Douglass Bly*.—This gentleman has established a branch office for the manufacture of artificial legs, in the city of Cincinnati. His circular will be found accompanying the present number of this journal. It will be seen that he is endorsed by some of the most prominent surgeons of this country. We have not had a personal opportunity for testing the merits of his special claims to patronage, and, therefore, must be content with calling attention to Dr. Bly's advertisement.

We find the following in the *New York Daily Times*, from one of its correspondents from Washington, which may be of interest to those concerned :

It having been determined, as announced in general orders containing the plan of organization of the volunteer forces called into the service of the United States, that the President shall appoint, by and with the advice and consent of the Senate, one surgeon for each brigade, the Secretary has instructed Surgeon-General Finley immediately to convene, in this city, after due notice, an Army Medical Board, whose duty it shall be to examine all persons referred to by the Department as applicants for Brigadier-Surgeon, and report the result of such examination. Appointments will be made only from among those who shall be so examined and reported by the Board as qualified.

Another order has been issued by the Secretary, that the Surgeon-General institute a similar Board, in consequence of various complaints having reached the Department of the incompetency of Regimental Surgeons, who have been appointed either by the commanding officers or the Governors of States.

The Board is to examine surgeons of whom complaint has been made, in order to secure their dismissal if found incompetent.

---

## Special Contributions.

---

### Hæmatidrosis (Bloody Sweat).

---

BY C. A. HARTMANN, M.D., CLEVELAND, OHIO.

---

Dr. J. Parrott, having observed a case of this at present much doubted disease, furnishes a complete history of the same (*Gazette Hebdomadaire*, 40-47, 1859.) His case is as follows :

Madame X. was born in 1832. The father expired from a nervous affection, but her mother enjoyed good health. At the age of seven months the patient received some wounds on several fingers of the right hand, which wounds cicatrized only after a lapse of two years. In her sixth year she suffered, without any apparent cause, from con-



vulsions, with loss of consciousness, two or three times a month ; afterwards the scars would bleed, without any cause and without pain. One morning bloody tears appeared after a fit of anger, and since then bloody perspirations were occasionally observed on the knees, thighs, the chest and the lower eye-lids. With the appearance of the menses, at the age of twelve, these manifestations decreased for a time in frequency, but soon returned with greater vehemence. The face became often quite suddenly covered with blood. These bloody sweats always followed physical emotions, and were accompanied with nervous disturbances, a loss of sensibility and mobility. The patient was married at twenty-five. The convulsions grew more frequent at first, disappeared during gestation, but returned after delivery, with a hæmorrhage. During the year 1858 Mrs. X. felt much better, until she got sick in consequence of sitting up at night with her child. On the first of April she was attacked by a swoon and convulsions, the face appeared covered with blood, and heavy pains through the abdomen, thighs and head distressed her. Dr. Parrot, being called, found very frequent convulsions, with bloody perspiration on different parts of the body. Spanish-fly plasters to the most painful parts, inhalation of chloroform and large doses of opium gave some relief, and on the twentieth day of May the patient was allowed to go to the country. She returned in five days. The menses made their appearance several days beyond the regular time. May 25th, at 4 P. M., the patient was attacked by pains in the sides, breasts, the hypochondric and epigastric region ; in a short time a bloody perspiration on all these parts followed, with epileptic fits ; on the front part of the head there was a regular circle of blood-drops, and blood also exuded from below the cilia on the lower eye-lids. Neither before nor after the exudation did the skin present any abnormal appearance. Relief was afforded by large doses of morphine ; the monthly discharge established itself and ended the trouble. September 28th, pain and bloody sweat over the right side of the face, with epileptic fits ; no menstrual discharge. On the eighteenth of November headache, convulsions, blood all over the face. The next day ejection by the mouth of about two spoonfulls of arterial blood, with heavy pains and bloody perspiration in the epigastric region. January 25th, again disturbed menstruation, epileptic fits, pains, bloody sweats ; the next day almost mania, every paroxysm terminating with vomiting, spasm of the glottis, and somnolence ; the pains and exudation of blood continuing. Towards evening regular flow of the menses, cessation of all other symptoms. Two days afterwards, the menses becoming disturbed, hæmatemesis, tetanic convulsions and bloody perspiration set in again.

Between the paroxysms this patient appeared perfectly healthy and her intellect unimpaired ; she presented nothing of the mental depression so common in epileptics.

In connection with this case, Dr. Parrot cites five other observations of a similar character. Fried. Hoffmann (*Opera Omnia*, Genevæ, 1748, iii.) noticed blood sweating following the suppression of fluor albus in a hysterical patient ; Boerhave (*Comment. in Aphor.*, Parisiis, 1765, tome iv.) saw a similar secretion in a girl also suffering from hysterical

complaints; Caizergues observed (*Ann. Clinique de Montpellier*, 1814) sanguineous sweats in a woman of thirty years, and Chauvord in a girl of twenty-one; finally, Prof. Magnus Huss refers (*Arch. Gén.*, 1857) to a girl twenty-three years old as being a bleeder; but Parrot considers this case as belonging to hæmatidrosis.

The exuded fluid presents all the physical properties of healthy blood, containing the regular shaped and colored corpuscles, with a few white globules and fragments of epidermis. The skin is never broken or in any way affected; it seems, therefore, as if the discharge was effected through the sudoriferous glands, occurring as it does frequently in such parts where neither sebaceous glands nor hair follicles are known to exist. In order to explain the exudation, we have to adopt the occurrence of a rupture in the superficial capillary vessels.

Sanguineous perspiration is always accompanied by affections of the nervous system. The seat of the discharge, variable as it is, will always be found in strict connection with the pain and spasm. In Boerhave's case only the right side of the body was affected, in Dr. Huss's patient the left side.

Sometimes there are no premonitory symptoms; at others a great excitement precedes the exudation. The paroxysms are either irregular, depending only on the nervous derangement, or they manifest a periodic type. Their duration varies from a few hours to several days.

Females are particularly subjected to hæmatidrosis, but the disease appears to be limited to the years of youth. Among the predisposing causes are enumerated the irritable temperament, angry disposition, mental exertions, sitting up during the night, moral impressions. Severinus, Durrius, Maldonatus de Thou speak of bloody sweat appearing suddenly after fright. It seems therefore probable that the nervous excitement produces the rupture in the blood-vessels, and for that reason the affection we are speaking of might be called neuropathic hæmorrhage, the exudation not being limited to the external surface of the body. In the patients referred to by Caizergues and Huss ecchymoses were present with the hæmatidrosis. Lordat mentions a woman who, on being taken to the watch-house, had a hæmorrhage from the mouth and nostrils, while her body was covered by ecchymoses. Bloody tears have been described by Boerhave and Huss. Van der Viel was acquainted with a girl who shed blood instead of tears whenever she grew angry or had her monthly irregular. Zacutus Lusitanus saw blood to the amount of three or four ounces flow from the eyes of an epileptic during his fits; the same occurrence was observed by Brassavola and Dodonæus in combination with difficult menstruation. Hasner furnished (*Wiener Allgem. Mediz. Ztg.*, Nr. 51, 1857) the latest evidence in regard to this point. Haematemesis has been mentioned by Huss. Michel Albert treated a woman who vomited blood whenever she got excited during menstruation. Similar cases are narrated by Royer-Collard and Dalmas. Boerhave and Caizergues noticed the coughing up of blood. Latour and Hoffmann observed also hæmoptysis from disturbed menstruation. Epistaxis was present in the cases of Boerhave, Stahl and Latour, while the last

named physician, as well as Van der Viel, Van Hur and Monneret, refer to bloody exudations from the nipples, the urinary passages and the intestinal canal. In all such hæmorrhages the glands in the neighborhood of the mucous membrane or the external surface (*lacrymal, salivary, cryptæ mucosæ*) are the transmitting agents of the exudation. Its connection with nervous symptoms has been entirely overlooked.

This view of hæmatidrosis points to the treatment: all debilitating applications are to be avoided, and principal attention must be paid to the disturbance of the nervous system.

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

### MATERIA MEDICA.

1. *Aconite* (*Aconitum Napellus*) is, according to Dr. Fleming, sedative, anodyne, anti-spasmodic and powerfully antiphlogistic, especially in apoplexy, phrenitis, or in any disease in which the circulation of the brain is excited, or where there is inordinate activity in the circulation. From its effects on the respiratory system it promises to be highly useful in pneumonia, pleuritis, spasmodic asthma. In acute rheumatism it is a valuable remedy, given in conjunction with colchicum-wine, five minims of it to half a drachm of the latter. Dr. Ph. Stewart, of Peekskill, N. Y., pronounces it highly useful in the inflammatory stage of croup, with tartar emetic or ipecacuanha, and one of the best remedies in hæmoptysis with excessive force in the circulation. In over-doses it occasions violent nausea, vomiting, hypercatharsis, vertigo, cold sweats, mania, convulsions and death. It is contra-indicated in headache arising from anæmia, and wherever there is a torpor or paralytic condition of the muscular system, or an obvious mechanical impediment to the passage of the blood, or difficult breathing, arising from any other cause than inflammation and spasm. In the advanced stage of bronchitis, with excess of secretion, it would be injurious by diminishing the power of expectoration.—*Journ. Mat. Med.*

2. *Comparative Value of Aconites*.—An account of a case reported to the "Société Médicale de Chambéry," where a patient took, through mistake, twenty-five pills, containing each five centigrammes of alcoholic extract of aconite, without experiencing the slightest injurious effect, the extract having been prepared from *Aconitum paniculatum*, instead of *A. Napellus*, Dr. Calloud was requested to investigate the value of these two species of aconite. Here is the result of his investigation: The alcoholic extract of *A. paniculatum* is one-third stronger than that of *A. Napellus*, but the extract of the latter contains in one gramme ten milligrammes of aconitin, while the other does not show a trace of it. The watery extract of *A. Napellus* is almost inert, tannate of aconitine forming during the preparation,



which combination is insoluble in water. The alcoholic tincture of the leaves and the recent root contain both about half a gramme of aconitine in a gramme, but the tincture of the roots seems to be endowed with a superior action. From these statements, it is evident that the alcoholic extract and the alcoholic tincture of the leaves, as well as the fresh roots of *Acon. Napellus*, are the only reliable and efficacious preparations of aconite.—*Compte Rendre des Travaux de la Soc. Méd. de Chamb. ; Gaz. Hebdom.*

3. *Colchicum Autumnale* has been used more or less freely, during twenty years, by Dr. J. Bates, in the treatment of rheumatism, acute as well as chronic, gout, neuralgia, chorea, morbid conditions of the kidneys, torpid liver, constipation of the bowels, dropsy, and some cutaneous affections, and generally with the happiest result. He maintains that it is a valuable desobstruent and for certain conditions of the system the most active diuretic. But the dose of the remedy should be carefully regulated; in rheumatic patients of plethoric habits ten drops of the tincture may be repeated every four hours, until there are frothy dejections from the bowels. To constipation, about eight drops every four hours are sufficient.—*Journ. Mat. Med.*

4. *Erodium Cicutarium*, a new diuretic. Dr. Byerley, of Cheshire, England, attributes powerful diuretic properties to this plant. He infuses one ounce of the whole plant, dried, with three pints of water, and evaporated to two pints. Dose for an adult, four or five fluid ounces three times a day; probably more may be needed in some cases.—*Med. Times and Gaz.*

5. *Indigenous Species of Eupatorium*.—At least sixteen species of this genus are growing in the northern and middle States, and several, if not all, of them possess considerable medicinal properties.

*Eupatorium Perfoliatum*—thoroughwort, boneset, feverwort, etc.,—has a diversity of properties and will fulfil a variety of indications, according to the dose and mode of exhibition. It is diuretic, diaphoretic, purgative, emetic, expectorant, alterative and tonic, and either of these effects may be produced with great certainty, provided the remedy be given in a suitable manner. In the early history of our country it was very generally used as a domestic remedy for colds and catarrhal affections, for which it is still a favorite remedy. The name *boneset* is owing to its great success in an epidemic form of influenza, called the break-bone fever, and it certainly does possess great efficacy over all the forms of influenza, relieving the pains and the general lassitude with great promptness, and replacing the chilly or febrile sensations with a uniform and healthy glow. It also acts as a very efficient expectorant. Much might be said of its influence over the nervous system, and its powers in typhoid pneumonia, and the pulmonary complications of epidemic influenza, particularly among the aged. The plant was in general use among the Indians as a remedy for intermittent fever, and trials made with it in 1812, in the New York Almshouse, resulted in a uniform success against that disease. At the same time it was also extensively employed in the public institutions of New York against remittent and yellow fever, typhous

pneumonia, catarrhal fevers, several cutaneous affections, dropsies, and for the removal of mere debility. Dr. Anderson remarks that, properly regulated in its administration, it fulfilled successfully all these indications, and exerted a decided curative effect. Drs. Bard and Hosack thought very favorably of the boneset as a diaphoretic, and prescribed it frequently in the above affections, but generally as auxiliary to more powerful remedies. The cold infusion answers all the purposes of the bitter tonics. As the plant but slightly augments the action of the heart and arteries, it may be employed with advantage in almost every variety of inflammatory action. It is often relied on in the atonic forms of dyspepsia and general debility, but is more apt to produce irritation of the stomach than quassia, gentian or colombo. In the indigestion consequent on the use of alcoholic drinks, as well as that of old people, it has proved highly beneficial, giving tone to the digestive organs, invigorating the assimilating functions, and restoring the skin to a healthy condition. Its alterative properties, which have recommended it in certain cutaneous affections, are solely dependent on its tonic power, and by no means strongly marked. At present it is rarely used in dropsy, but as it tends to invigorate the functions generally, it would be strange if it had no curative power in such affections. It is chiefly entitled to consideration on account of its tonic and alterative qualities. Dr. Thacher says, that the alcoholic tincture may be safely recommended in anasarca swellings of the extremities, depending on general debility. Dr. Burgon prefers the cold infusion to all other remedies in cases of anorexia consequent to drunkenness. Dr. Eberk praises it as an excellent substitute for chamomile tea, to promote the operation of an emetic, and we (Dr. C. A. Lee) have seen excellent effects from the cold infusion, as a prophylactic against fever and ague, also as a stomactic tonic in the form of tincture. Dr. Zollikoffer mentions it as a most valuable and efficient remedy in tinea capitis; and Rafinesque states that it appears to be superior to chamomile as a sudorific tonic, and preferable to cinchona in the treatment of autumnal fevers.

Preparations: The fluid extract is the best preparation for general use as a tonic and tonic alterative, in doses of from one to two drachms. It combines all the remedial virtues of the plant, and is easily administered to children. It should be given in a diluted state, and may be flavored with any of the aromatic essences. The solid extract is a good form for combination with other substances, such as blue mass, calomel, ipecac, henbane, etc. Dose: five to twenty grains. The eupatorin, the bitter alkaloid extract, is an admirable form in intermittents, and also in atonic dyspepsia and general debility, and may be given in pills or powder, and in such combinations as are desirable. The eupurpurin, a union of the preceding with the resinous principle, is more stimulating than the former, and best adapted for alterative purposes. Dose: from three to four grains. The infusion is made with an ounce of boneset to a pint of boiling water. It forms, in many cases, a very eligible preparation, one or two fluid ounces being taken at suitable intervals. In chronic cases, where a tonico-alterative effect is desired, it should be given cold every six hours, as an anti-

periodic, at least every two hours. As a diaphoretic, the warm infusion is to be drank pretty freely, in some cases to the point of emesis, and afterwards often enough to keep up a free perspiration. Six or eight ounces of a strong infusion are required to produce free vomiting; half this quantity generally proves cathartic. The decoction is prepared by boiling one ounce of the plant in a pint and a half of water down to a pint, of which a wineglassful usually operates as an emetic and cathartic. A compound infusion, very useful in hectic and other cases, may be prepared by taking of boneset and sage, each half an ounce; cascarrilla, one drachm; boiling water, one pint and a half. Infuse till cold, and strain. A wineglassful every three or four hours. Or six ounces of the fluid extract may be mixed with one drachm of fluid extract of cascarrilla, and two or three ounces of this be administered at a time. A syrup is best made by adding four ounces of the fluid extract to ten ounces of simple syrup, of which a suitable dose would be from two to four drachms. This is well suited to pulmonic affections in old people, and also to typhoid pneumonia. The powder is the most objectionable form of all. It is usually given in doses of twenty or thirty grains. The following compound has recently been recommended in renal affections, and it is said with very satisfactory results: eupurpurin, two scruples; xanthoxylin, one scruple; strychnia, one grain. Divide into twenty powders. Dose: one powder three or four times a day, in suppression of the urine, torpor or paralysis of the kidneys or bladder, rheumatism, hepatic torpor, etc.

*Eupatorium purpureum*.—Gravel plant. The root is the part employed. It operates on the kidneys and urinary organs generally, and has considerable reputation in gravelly affections. It is said to be more effectual in the removal of uric acid deposits than of other calculous formations, and has been successfully employed not only in chronic cystitis and urethritis, but also in atonic conditions of the genito-urinary organs generally. It is believed to promote renal depuration, while it exerts a decided curative action in hæmaturia and strangury. In dropsy, also, it has considerable reputation, especially among the eclectics, who suppose that in addition to its diuretic properties it stimulates the absorbent vessels. As an expectorant in asthma, catarrh, whooping-cough, influenza, bronchitis, and other pulmonary affections, this plant has long been celebrated. The preparations are the same as those of the last species.

*Eupatorium teucrifolium*.—Wild horehound. The sensible properties are very similar to those of the *E. perfoliatum*, though this plant is considerably less bitter and disagreeable. It is aperient, diuretic, tonic and diaphoretic, and in very general use at the South in the treatment of intermittent and remittent fevers, being a good substitute for quinine in malarious diseases. Dr. Jones, of Georgia, recommends four ounces of the infusion, made with an ounce of the dried leaves to a pint of water, every four or six hours, between the paroxysms.

*Eupatorium ageratoides*, or white snake root, and *eupatorium aromaticum*, possess medicinal properties entitling them to greater attention than they have yet received from the profession.—*Jour. Mat. Med.*



## REMEDIES FOR CUTANEOUS DISEASES.

6. In an essay "on the use of potash in some cutaneous diseases," read before the Boston Society for Medical Observation, Oct. 3, 1859, (*Bost. Med. and Surg. Journ.*, Oct. 20, 1859,) Dr. James C. White has called attention to the use of caustic potassa, as practiced in Germany, and more especially by Prof. Hebra, of Vienna, particularly in the form of *schmierseife*: *sapo domesticus*, or domestic soap, (not exactly *sapo viridis*, as stated by Dr. White,) for this and the black variety are included in the terms "*schmierseife*, *weicheseife*, *katiseife*," meaning soft or potash soap; but the black soap is prepared by boiling fish or other animal oils with an excess of lye composed of caustic potash and the crude carbonate, while green soap is made from rape, hemp, flax-seed or other vegetable oils. The difference is not very great, in fact; it appears, however, that the black variety is principally employed for the purpose referred to. Rubbed upon the healthy skin, this soap produces a slight reddening only, but if the friction be continued a long time, excoriations and various eruptive appearances are apt to follow.

The affections of the skin in which this and similar preparations prove most useful, are:

1. *Molluscum contagiosum*, *Seborrhæa*, *Strophalus albidus* of Willan.—The openings of the sebaceous glands are stopped and distended by a plug of sebum, which, acting as a foreign body, produces inflammation of the gland and surrounding skin, with degeneration of the follicles. These comedones are most often met with on the nose, principally in persons of gross habit, and not unfrequently many such diseased follicles unite to form a single tumor, from which exudes a milky fluid. This is best treated by snipping off the head, pressing out the contents of each sac, and applying a solution of potash one part, water two parts. When a great number of comedones exists, a steam-bath should be first taken, and subsequently the surface be smeared with the soap or washed with a solution of potash in glycerine. In this way the sebaceous matter is removed, and the skin may, by the after use of a wash of ether, alcohol and sulphur, be restored to its natural state.

2. *Acne disseminata* is an inflammation of the hair-follicles, generally caused by comedones, and producing suppuration, with scars. The comedones being removed by a wash of one part of potash to eight parts of water, or by use of the soap, the sulphur lotion above mentioned may be used over night and washed off the following morning with the potash solution. When the eruption is extensive, we may rub in this soap, and leave it as a fomentation two or three days. After the epidermis has been removed by this means, the sulphur-preparation should be applied.

3. Against prurigo external applications are our only offensive weapons, and among these "*schmierseife*" is perhaps the most reliable. It should be rubbed into the affected portions of the skin the first three days of the week twice daily, and be allowed to remain the following four days. This method, with daily morning dressings of

cold water, and cold baths on alternate weeks, must be continued for months.

4. In psoriasis the same treatment may be followed, or the soap used in combination with some preparation of tar. The internal administration of arsenic or cantharides is considered by Hebra of questionable advantage.

5. In the varied forms of eczema the curative effect of caustic potash is most marked. They have three different solutions in the Vienna Klinik : No. 1—Potassa pura, one drachm ; water, one pint : as bath or fomentation. No. 2—Potassa pura, one drachm ; water, half an ounce : for circumscribed patches. No. 3—Potassa pura, one drachm ; water, two drachms : a caustic application. In addition, schmierseife and spiritus saponatus. Selection from these is made according to the extent and nature of the case.

The first step in the treatment is the removal of the crusts by warm oil and spiritus saponatus. Then the form of eczema is ascertained and generally found to be the rubrum or squamosum. If the cutis is much thickened by exudation, which we find by lifting a fold, the severer remedies must be chosen. The vascularity and enlargement of the capillaries in eczema rubrum are overcome by cold water, either in the form of fomentation or douche. Then solution No. 2 should be applied once or twice, by means of a hair pencil, or the soap twice a day, cold water being used at the same time to heal the excoriation perchance caused by this application. Eczema on the face must often be treated by the solution No. 3, and the subsequent reaction is to be quenched by cold water. If the disease affects the whole surface of the limbs or body, it may be treated by saturating flannels with schmierseife, and applying them, covered with gutta percha cloth. These should be removed twice daily for the first few days, after which they may be suffered to remain for three or four days. This plan is to be continued till a cure results, unless excoriations show themselves, in which case the cold water applications must be resumed. Against the dry scaly form (eczema squamosum), preparations of tar are of great benefit, especially the oil of cade and the oleum faginum or Russian tanning oil, diluted with alcohol, and laid on very thin. Tar applied to the whole surface of the body, often causes vomiting of black matter, black urine and black diarrhoea. Relapses may follow this treatment as they do any other, but it prevents the recurrence of the disease more effectually, and works more rapidly than any other treatment. Chronic eczema of the scalp, for instance, may in this manner be cured in a short time, without internal medicine.

6. Itch is treated extensively with schmierseife all over Germany. Upon the ready action of this remedy are based the many quick cures brought forward for this disease. These methods, however, are not advisable, for often relapses follow, or eczema and excoriations, which are far more difficult to heal than the original disease. Hebra orders first a warm bath, and then the affected parts to be rubbed thoroughly with a coarse flannel cloth saturated with schmierseife. After washing off, the same parts are smeared over either with the "Vienna salve," (consisting of green soap and hog's lard, three parts of each ;

flor. sulph., pix. liqu., a part and a half of each ; creta alba, one part,) or with Hebra's own ointments, flowers of sulphur, oil of beech or of cade, six ounces of each ; schmierseife and lard, sixteen ounces of each, with the addition of chalk when necessary. This process is repeated every evening till itching ceases, but not more than three baths are generally allowed. Four days are usually sufficient to cure even very bad cases, although the eczema, papules and pustules caused by the insect, often require some other treatment. In cases where fat can not be used, the same amount of alcohol may be substituted. The beech and juniper oils are added to prevent excoriation or eczema by the excess of alkali and friction.

7. It is positively certain that pityriasis versicolor is caused by the fungus called *microsporon furfur*. The intolerable itching of this affection will cease with the death of the plant, and this is easily effected in a short time by daily inunction with schmierseife. Its effect upon the patches is wonderful.

Prof. Kletzinski found (*Ann. Med. de la Flandre Occid.; Druggist*, I. 9) that the skin put in contact with hydrochloric acid, either concentrated or mixed with glycerine, exhales 27.80 per cent. more of carbonic acid and 7.12 per cent. more of water than other parts deprived of this contact. Induced by this fact to try hydrochloric acid in diseases of the skin, he obtained the following results :

Hydrochloric acid can re-establish the functions of the skin, momentarily disturbed, by stimulating the local circulation, etc. It cures perfectly the cyanosis of the hands caused by cold and frost bites ; applied prophylactically, it prevents these affections. It diminishes the sweat of the hands and feet, suppressing it definitely, if its use is sufficiently prolonged. It modifies advantageously a crowd of dermatoses of the most varied nature, but especially follicular acne. By its stimulating properties it dissipates the stains and exudations seated in the skin. Properly applied, it does not violate the integrity of the epidermis, although it destroys callosities. It presents all the properties of the best cosmetics, strengthening the skin and enabling it to resist better the influences that can reach it. For use, the hydrochloric acid ought to be pure, free from iron and chlorine. It is to be applied in as concentrated a state as the cutaneous sensibility permits. Sometimes even the fuming acid may be used. After from a quarter of a minute to a minute the part is washed with pure water and then with soap. The most concentrated acid is borne longest by the hands, a shorter time by the feet, less by the toes, and still less by the skin of the face.

Prof. E. S. Cooper, of the University of the Pacific, declares (*San Francisco Med. Press*, I. 1.) iron more reliable than any other class of remedies against certain affections of the skin. He gives the ferrocyanuret, from two to four grains gradually increasing, three times a day to children over one year old, suffering from tinea capitis, continuing, if necessary, for months. In a few cases, intermittent fever arose from the use of the article, but subsided on ceasing the administration. Some of the most inveterate cases were cured principally by the persevering use of this compound. As a local application, mix one ounce



of camphor with one drachm of chloroform, and add one ounce of tar ointment; apply this to the head every third or fourth day.

In the different varieties of psoriasis most commonly seen in California, an aqueous solution of the potassio-tartrate of iron, used externally, may be depended upon: ferri potass. tartr., two ounces; water, three ounces. Shake well and apply every day to the patches. The same solution has been used with the best effects against phagedenic ulcers.

The iodized glycerine is recommended (*Wiener Med. Wochenschr.*, *Boston Med. and Surg. Journ.*, April 26,) in skin diseases in this form: Iodide of potassium and iodine, of each one drachm; glycerine two drachms. Dissolve the iodide in the glycerine and then add the iodine. Applied to the affected part, this solution should be covered with gutta percha paper, to prevent evaporation and increase the perspiration. It is left untouched for twenty-four hours; the degree of reaction then apparent regulates any further application. Pain always follows, of varying intensity and duration, but no general inconvenience has ever been observed. The application acts as a caustic, exhibits really a heroic action in lupus, a remarkable efficacy in non-vascular goitre, scrofulous ulcers and constitutional syphilitic ulcers, but it is doubtful in primitive chancre and eczema, and useless in psoriasis.

Tincture of larch-bark was tested at Dublin (*The Druggist*, I. 5, from *Dublin Hosp. Gaz.*) in purpura hæmorrhagica and found very efficacious, after the liquor pernitratis ferri had only aggravated the symptoms. Fifteen drops, administered every two hours, resulted in immediate improvement and shortly in a complete recovery, in four cases. Dr. Moore thinks the tincture is styptic and carminative; he declares it one, if not the most elegant form at our disposal of prescribing a terebinthinate, either as an addition to a compatible expectorant, or other fluid mixture, to be given *per se*. Dose of the extract: from one to five grains; of the tincture, from half a drachm to three drachms. These preparations are especially recommended for children.

Dr. Von Bærensprung, (*Ann. d. Berliner Charité*; *Prager Vierteljschr.*, 1860, B. 65) found irritating remedies in the treatment of prurigo dangerous, and local anæsthetics of no effect. Relief is afforded by cold baths, washings and fomentations; the warm-bath, steam bath and bran-bath serve best to allay undue irritation. Anointing the skin with fat, or rubbing it with bacon, is also a good method. The proper remedial agents, however, are sulphur, tar, oil of cade and corrosive sublimate. Slight cases can be cured with sulphur-baths and sulphur-ointments; obstinate cases will yield to about half a dozen water-baths containing each two drachms of corrosive sublimate, taken every second day or in greater intervals; but they ought to be taken in wooden tubs, metallic ones being damaged by the sublimate, besides endangering the result in consequence of decomposition.

An old remedy against herpes proved quite valuable to Dr. Ludkiewick (*Tygodnik lekarski*; *Allg. Med. Cents. Ztg.*) in an affection of somewhat doubtful character. While dissecting the body of a man infected with the glanders, he got inadvertently some purulent fluid from the corpse into his right eye. In spite of all due precaution, soon

prurigo appeared all over the body, which, becoming limited, in the course of a few weeks, to one leg, changed afterwards into a papulous eruption, gradually presenting the character of herpes miliaris. This again changed to herpes squamosus humidus, at the same time spreading upward and downward, so as to cover almost the whole foot and one-half of the leg. Erysipelas, with swelling, great sensibility, deep-seated boring pain and fever were soon added, but disappeared again, leaving the skin wrinkled, covered with ash-colored scabs, which came off and were formed again. Of course, everything promising relief was employed, but in vain. Some slight change, sometimes favorable, sometimes not, was all that could be achieved. The eruption even spread to the thigh, and although the patient managed to walk again without pain, after a long course of medical treatment, (embracing a rigorous diet, whey-cure, mineral waters, cathartics, anylon, sulphur, sarsaparilla, Fowler's solution, sulphuret of potash, Scheibler's soap, issues, iodide of potassa,) there remained a great sensibility in the copper-colored skin of the affected part, occasionally aggravated by boring pains. Finally the vapor of wine poured on hot iron-filings was resorted to, a remedy recommended in the sixteenth century by Franz Gœlis against herpes, impetigo and serpigo. Taking one of these steam-baths a day, the patient had the satisfaction to feel himself almost completely relieved after a course of twelve baths. An adhesive exudation from the affected parts followed the first three applications; after the fourth a kind of zoster appeared, but then the skin steadily lost its discoloration, the scabs and ulcerating surfaces began to heal, the pain disappeared almost entirely. Only a slight lancinating pain in the ankle joint and a little redness remained, and even these, the doctor himself thinks, might have been removed, if he had used two baths daily, as originally recommended.

---

### Obitua! Record.

---

DIED, in Cincinnati, June 22d, WILLIAM JUDKINS, M.D. Dr. Judkins was born in Guilford Co., North Carolina, September 1st, 1788, and was consequently in the 73d year of his age at his decease. He removed to this State in 1806, and commenced the practice of medicine in Jefferson Co., Ohio, in 1811. During his residence in Jefferson Co., he enjoyed a large practice, and was both a successful physician and surgeon. Owing to the laborious character of his practice and failing health, he removed to Cincinnati in the year 1832, where he has continued to reside and practice, with the exception of a few months residence in the country near Waynesville, Ohio. He was one of the oldest physicians in the profession, and had resided longer in the city, with a single exception, than any other person now living. Dr. Judkins was, as he well deserved to be called, a good man. He was by birth a member of the Society of Friends, and from early manhood was a member of the Society, and conformed to its rules in dress and language. His manners were captivating, being gentle and courteous, though firm when any principle was in-

volved. As a physician and surgeon, he enjoyed a large and respectable reputation in this city. He had clear and comprehensive views of disease, and his treatment was prompt, decided and simple. Although his early education was deficient, he had greatly corrected such defects by study and careful reading. During all his life, and even till within a few months of his death, he kept himself well informed of everything in his profession contained in several medical journals. A prominent and striking feature of his mind was its ability to advance with the pathology and treatment of the day. Most men of his age are strongly wedded to the pathology in vogue at the beginning of their professional career, especially for the antiphlogistic doctrines of Rusk. Such was not the case with Dr. Judkins. He was one of the *youngest-old men* we ever knew. In one word, he was a progressive. While he was a good physician, he was no mean or inferior surgeon. During his life he operated nine times successfully for stone; and performed many other important operations. In 1823, he trephined a patient for a dropsical effusion within the cranium. The patient entirely recovered after many months of illness, with partial loss of reason. He sent an account of the case to the Transylvania Medical Journal, at that time under the control of the Faculty of the Medical School in Lexington, for which he received the Honorary degree. Dr. Judkins was a member of the Academy of Medicine of Cincinnati, and was a firm supporter of the regular medical profession. He was, in one word, a good physician, a kind father, a Christian and a gentleman. Several of his papers on various medical subjects are to be found in the pages of Western medical journals.

At a meeting of the Medical Profession of Cincinnati, held Monday evening, June 24, to take action in regard to the death of Wm. Judkins, M.D., S. O. Almy was called to the chair. Wm. H. Taylor was appointed Secretary.

Remarks expressive of the high esteem in which deceased was held, were made by Drs. Woodward, L. M. Lawson, Carroll, Murphy, Almy and Comegys.

A committee consisting of Drs. Woodward, Carroll, B. S. Lawson, Gans and Fore, appointed to report resolutions, presented the following, which were unanimously adopted.

"As our old and much respected friend and professional associate, Dr. Wm. Judkins, has in the Providence of God been called away from us by death, it is with a chastened sadness, not unmingled with pleasing recollections of his many virtues, that we assemble to pay our last tribute to the memory of the deceased.

"*Resolved*, That during many years of intimate association, we have ever found the social and professional relations of our friend to be agreeable and happy, never hearing from him censorious or envious expressions, either against the failings or the successes of his competitors for professional advancement.

"*Resolved*, That in reviewing the life and character of the deceased, we find in his constant devotion to his profession, in his high-toned morality and his unpretending Christian simplicity, a bright example for the imitation of those who survive him.

"*Resolved*, That we most sincerely tender to the family of the deceased our warmest sympathy and condolence in their great and irreparable loss.

"*Resolved*, That we will attend the funeral to-morrow at 9 o'clock A. M.

"*Resolved*, That a copy of the proceedings of this meeting be furnished the family of the deceased, and the press of the city for publication."



THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

Vol. IV.

AUGUST, 1861.

No. 8.

Original Communications.

ARTICLE I.

Luxations of the Hip-Joint.

[A Paper read before the Hendricks County (Ind.) Medical Society.]

BY W. E. THOMPSON, M.D.

“ Repetition strengthens memory,” — and if in this essay I advance no new idea, and do no more than to bring the subject before this society, thereby refreshing our memories upon the subject, my labors will not be wholly lost. It is not my purpose at the present time to speak of the nosological diagnoses of the different kinds of dislocations to which the hip-joint is susceptible, but briefly to discuss the philosophy of these dislocations, the forces which oppose our efforts at reduction, and the different modes of reduction practiced by surgeons. There is, probably, more discussion among the members of the profession about the best modes of reduction of this joint than all others beside. Being an enarthrotic joint, and consequently more susceptible of dislocation in any and every direction on the plane parallel with that of the joint, renders it more frequently subject to dislocation.

Of the four principal varieties of luxations of this joint Sir Astley Cooper found in his practice that, for every twenty cases, *twelve* of them were of the “upward and backward” variety, the head of the femur resting upon the dorsum ilii; *five* “backwards,” in the sciatic notch; *two* “downwards,” in the foramen ovale; and *one* “forwards,” on the pubes. As different causes generally produce different results in surgery as well as in physics, so the relative frequency in which the different varieties occur depends partly upon the greater frequency in which the forces required to produce the first variety, that on the

dorsum ilii, is more likely to occur; and partly upon the peculiar mechanical arrangement of the bony structures entering into the formation of the joint. For instance, a person falling from a height quite frequently receives a force, greater or less, either upon the foot or knee,—and this will produce the first variety, if the force applied and the adduction of the limb be great enough. And so the relative frequency of the direction of force and distortion required to produce the different varieties must be just equal to the relative frequency of these varieties.

God Almighty made man and placed him in an upright position upon his feet, with his legs parallel and on a direct line with his body. Now, so long as he maintains this position, or his limbs retain their relative position with respect to themselves and with the body, no dislocation of this joint can take place by any force whatever applied to the foot or knee. It is only when the limbs are greatly distended that a dislocation can be effected; because when the limbs are parallel and on a line with the body, force applied to the foot or knee strikes through the medium of the femur and its head, perpendicularly against the plane of the cotyloid cavity, and consequently no slipping, no dislocation can take place: the laws of physics contra-demands it. But when the limb is sufficiently adducted or abducted to throw the line of force in an oblique direction with reference to the opposing wall of that cavity, then the head of the bone glides to its edge, and if the force applied is sufficient to rupture the capsular ligament, it rides *over* the ridge, and we have a dislocation. That effected, it is our duty to get it back in the best manner possible.

Before doing this, however, let us consider a little what the opposing agents are which stand between the efforts of the surgeon and reduction. Dr. Reid, whose investigations upon this subject have not been limited, and whose mode of reduction has been very successfully practiced by the profession for some time, in common with the profession generally, considers the muscles the principal—if not the sole—agents which oppose our efforts at reduction; and acting with a philosopher's eye, conducts his manipulations with a special view to relax them. It is in view of this opinion that we are directed by our textbooks and public teachers generally to apply extension and counter-extension, *slowly* and *uniformly*, until muscular contraction is overcome—virtually tired out. It is in view of this idea, too, that we are taught to resort to venesection, to the administration of antimony, and the hot bath, in order to produce relaxation of these organs—to make them *too sick* to oppose our efforts.

It is common and natural for the pupil to think his preceptor the best, and to believe the doctrines which he teaches to be correct. Of course, *I* do not think that *I* am in the *least degree prejudiced* in that way ; nevertheless, I have adopted the theory of *my* teacher, Dr. Gunn, Prof. of Surgery in the University of Michigan, upon this subject,—adopted it, not because it was the theory of my teacher, but because it seemed to me to be decidedly the most rational, and *almost*—if not quite—*positively* proven by actual experiment upon the cadaver, and still further strengthened by the successful modes of reduction practiced, as reported in our medical journals, which are in keeping with this theory of the causes of obstructions.

But what are the sources or agents of difficulty which so much resist the efforts of the surgeon at reduction ? I do not think that the muscles have *much*, if *anything at all*, to do in the case.—Then what is it ? Dr. Gunn, who is no less distinguished for originality of thought and his deep, investigating mind, than for his many manly virtues, would answer : “The untorn portion of the capsular ligament, together with the outer and dense portion of the fascia lata.”

In order to give a clear idea of the manner in which the *untorn portion* acts as an impediment in reduction, I can do no better than to quote a portion of his lecture on this subject, of which I find from examination I have taken notes largely. He says :

“Let us consider for a moment the position of the limb at the instant of the escape of the head from the socket during the process of dislocation.” To do this we must bear in mind that force applied to the knee or foot, with the limb in a state of adduction, constitutes the most frequent cause of this dislocation. Force thus applied adducts the limb still more powerfully before dislocation takes place, and at the moment of the escape of the head of the bone from the socket the limb is in a direction which crosses the thigh of the opposite side. Immediately that the head of the bone has cleared the edge of the acetabulum, it settles into its position upon the dorsum of the ilium, and the limb assumes the position and direction indicative of the accident. During the dislodgment of the bone, the superior and posterior portion of the capsular ligament is ruptured, through which the head protrudes ; while from the position of the limb at the instant of protrusion the anterior and inferior is very much relaxed, thus allowing the head to rise easily over the acetabulum. As soon as the head settles into its position upon the dorsum of the ilium the direction of the limb is changed, and the untorn portion of the ligament becomes more tense ; and for this reason the head of the bone can not be readily returned to its place till the limb is again placed in a position to relax it.”

While lecturing the class upon this subject in the winter 1855-6



he related an experiment made by himself the previous winter, which goes very far in substantiating his position as regards the agents of opposition to reduction. Having selected a fresh subject, he made a circular incision about the middle of the thigh, cutting all structures to the bone; another from the tuberosity of the ischium, around the inner aspect of the thigh and over the dorsum of the ilium, to the place of beginning; and all structures were removed from the bones and capsule of the joint. He then cut away the posterior and superior half of the capsule, and divided the ligamentum teres. Luxation was then produced of the upward and backward variety. But I must not neglect here to state that dislocation could not be effected by force applied to the knee until the limb was so adducted that the upper and outer wall of the socket presented an inclined surface to the head of the femur, and to the line of direction of the force applied; and that while the head was in the act of riding over the cotyloid ridge the internal and undivided portion of the capsule became tense, which relaxed again when the head settled down upon the dorsum ilii; and that upon placing the limb in the position which characterizes this dislocation it became tense again. Efforts at reduction were then made by extension and counter-extension, as is usual, applied by means of pulley, twisting of the cords, etc. But all to no purpose. The undivided portion of the capsule *bound down* the head of the bone so firmly against the dorsum ilii that it could not ride back over the edge of the acetabulum. But on carrying the limb across the other to the position in which it was at the moment of escape from the socket, which was to about the union of the middle with the upper third of the thigh, the reduction was easily effected.

Here seems to be proof positive that the "untorn portion of the capsular ligament" affords obstruction to reduction—and a very formidable obstruction, too; because reduction could not with any reasonable amount of force be accomplished, and probably would not have been until *a part*, if not *all*, the untorn portion had been ruptured.

Dr. Reid discards the idea that muscular contractility is the agent of opposition, but maintains that it is a *passive* action of the muscular fibres. He says:

"The true condition of the muscles is this: the six rotator, adductor and abductor muscles—viz., the obturator externus, anteriorly, the pyriformis, obturator internus, gemelli, and quadratus, posteriorly—are all in a state of extreme tension, while the other eleven muscles, larger and smaller, are shortened, and in one sense contracted, but in another and in fact are relaxed—that is, in a recent dislocation. So it is evident upon the slightest inspection that the six mus-

cles that are put upon the stretch being in antagonism to each other—that is, the short but strong obturator externus anteriorly being opposed by the other five posteriorly—and all acting at right angles to the axis of the femur, must hug with great power the head of the bone upon the dorsum, and by the same force oppose its ascent over the brim of the acetabulum in any direct attempts to replace it by traction towards its socket. These six muscles, then, so violently stretched, constitute the real and only important impediment to reduction by the usual mode, and not the contracted triceps and glutæi, as has always been believed and taught by all authors and professors of surgery.”

Dr. Reid made this advance on the old doctrine: he located the impediments nearer their actual seat than was formerly done.

Dr. White, who has adopted Dr. Reid’s view upon this subject, details the following experiment made by himself upon a subject far advanced in decomposition. He says:

“After carefully noting the relative position of bone and muscles, we made traction on the femur downward and inward over the sound limb, as we are directed by most authors; but the moment the attempt was made the muscles, as already named [by Dr. Reid’s article above] as being in a state of tension, became more tense, although all the muscles about the joint were separated from each other, were loose, without vitality, and almost in a state of decomposition; yet it was with great difficulty that we could bring down the head into the socket,—and when we did so we carried away a part of the capsular ligament.”

Now, what are the rational inferences to be drawn from this experiment? Is it true that these muscles, “loose, without vitality, and almost in a state of decomposition,” could form the *real* and *only* impediment, as he and Dr. Reid mentions, which so *vigorously* resisted efforts at reduction?

But when he did succeed he “*carried away a portion* of the capsular ligament.” Now, the very fact that the capsular ligament was *torn*, “*carried away*,” is positive evidence that it resisted, so far as it was able, the force used for reduction, and was at least a part of the surrounding tissues which so rigidly opposed efforts at reduction; and further, the fact that the head was permitted to glide over the ridge of the acetabulum *after the ligament was ruptured*, none of the muscular fibres being torn asunder, although “almost in a state of decomposition,” and consequently could have exerted but a very small amount of “passive resistance,” is sufficient proof, it seems to me, to every reflecting mind that it was the “*untorn portion of the ligament*” which so vigorously opposed his efforts at reduction. It also proves to us another thing, which every experimenter would do well to bear in

mind while making such experiments — and that is this : When an individual is making an experiment in order to prove a particular point, his attention is so strongly directed to that one thing that he is liable to overlook others equally important.

I witnessed an experiment made by Dr. Bovie, a member of the graduating class in the medical department of the University of Michigan, in the winter of 1857-8, which proves that the untorn portion of the capsular ligament is not all that opposes our efforts at reduction. He removed the integument and superficial fascia, preserving as far as possible the fascia lata and all the muscles of the hip, at the same time removing the whole of the capsular ligament, and dividing the ligamentum teres. The dislocation of the first variety was now easily effected by carrying the limb across the other, to about the union of the middle with the upper third of the thigh, and pushing against the knee. Very great efforts, by extension and counter-extension, according to the old methods, failed to effect a reduction, but the bone was readily replaced both by Dr. Reid's method of manipulation and that which is taught and practiced by Dr. Gunn. The question then was, What is the trouble now ? All the capsular ligament having been removed, he could not look to that source for a solution of the problem. But careful examination during the several steps, both of dislocating, and effecting a reduction, detected that the pressure exerted by the outer and denser portion of the fascia lata upon the trochanter major, bound down the head of the femur, and caused it to act something like a hook against the acetabular walls, thus preventing reduction.

Now this last experiment seems to prove that the fascia lata of itself exerts an amount of force against our efforts at reduction sufficient to defeat our efforts ; and by former experiments, that the " untorn portion of the capsular ligament," unless relaxed by certain manipulations, also *greatly* opposes efforts at reduction. Hence, we must conclude that, how much soever other structures may oppose, (and we do not think that any others do,) the *untorn portion of the capsular ligament* and the *fascia lata* are agents which strenuously and efficiently oppose our efforts at reduction ; that both of these structures act in the same way — *i. e.*, by binding down the head of the femur, so that it can not ride back over the cotyloid ridge ; that each, acting alone, exerts a power sufficient to oppose any *reasonable* amount of effort at reduction ; and that when these two opposing forces are destroyed or avoided by certain philosophic manipulations, the head may be *readily* and *easily* returned to its socket.



With this view as to the nature of the opposing agents which the surgeon has to contend with, let us consider for a moment what indications are to be filled in this hitherto somewhat formidable task of reduction. To do this we must take into consideration the amount of distortion to which the limb is subjected before a dislocation can be effected; that the capsular ligament must be partially ruptured before the head can escape from its socket; that the untorn portion becomes tense in proportion as the limb passes back towards its natural position; and that the more tense, the more firmly it binds down the head; and that *this*, and the *fascia lata*, are the *principal*—if not *only*—agents that oppose efforts at reduction.

The indications are—First, to put the limb in a position the most favorable to relieve the tension of the untorn portion of the capsular ligament; second, to relieve the pressure exerted upon the trochanter major by the fascia lata; third, to make the proper amount of extension and counter-extension; and fourth, to keep the limb, when reduced, in such a position that luxation can not again take place. To fill these indications, if our theory is correct, we have but to apply simple, philosophic manipulations. For the first, place the limb in the position it was at the moment of escape from the socket; for the second, rotate the limb internally, except for the luxation upon the pubes—in this variety, it should be rotated externally; to fill the third, I think it very *seldom* indeed, if *ever*, that “ropes and pulleys” need be used in recent luxations, if proper manipulations are performed. The motto “*arte non vi*” should not be forgotten; and before I would use great violence, I would try every mode of manipulation in which there was a reasonable hope of success, and continue to repeat them, while such a hope existed. To fill the fourth and last indication, place the limbs parallel with each other, on a line with the body. These I consider *the rational* modes of fulfilling the indications to be met; and I think that practical experience will substantiate the importance here claimed for them.

For special rules for the reduction of the different forms of luxations, I can not do better than to quote those given by Dr. Gunn in an article upon this subject in the July number of the *Peninsular and Independent Journal* of 1859:

“In luxation upon the dorsum ilii, the patient lying on his back, carry the limb across its fellow at a point corresponding with the union of the middle with the upper third, rotate inwards, and the pelvis being fixed by an assistant, the head may now be readily drawn into its place.

“In a dislocation in the obturator foramen, when extension is be-

ing made in the usual way at the upper part of the thigh, the limb should be *abducted* instead of *adducted*, as universally directed; *abduction* conforms to the general rules (principles) laid down above, and relaxes the untorn portion of the capsular ligament. In the forward dislocation upon the pubis, while extension and counter-extension are being made in the usual manner, the limb should be rotated externally; this relaxes the posterior and untorn portion of the ligament.

"In the backward luxation into the sciatic notch, the limb should be carried across the opposite groin, and rotated internally, previous to any extension being made."

These same principles are applicable in reductions of the shoulder joint, always rotating the arm and carrying it to such a position that the untorn portion of the capsule of that will be relaxed.

---

ARTICLE II.

Case of Fracture of the Skull.

---

BY W. H. BRYANT, M.D., ROCHESTER, MISSOURI.

---

On the evening of March 23d ult. I was summoned to see a child of Mr. Allen, aged 10 years. I learned that he had just received a kick from a horse, and was apparently lifeless when the messenger left. On arriving at the place, a distance of three miles, I found the patient in a frightful convulsion, which lasted about forty minutes, and leaving the patient comatose, during which time I made an examination of the wound. There was an external scalp wound, over the middle of the right parietal bone, three inches in length and half an inch in width, with a corresponding fracture of the parietal bone, extending horizontally across the skull. On a more careful examination of the wound, to ascertain whether there was any foreign matter in it, I found that a lock of his hair had been driven in between the fractured bones, to dislodge which required considerable effort with the forceps. After cleansing the parts thoroughly, the external wound was approximated with isinglass plaster, and as a precautionary measure against inflammation I directed the hair to be clipped close and cold applications to the head, with saline purgatives, and a strict adherence to spare diet, dark and quiet room. All symptoms of concussion had passed off by the next day; convalescence was speedy and permanent.

He has no recollection of the accident, nor of anything that transpired until the next day after he was hurt. I have noticed this circumstance in almost every case of concussion that I have treated, the patient scarcely ever recollecting any of the circumstances attending the accident.

## ARTICLE III.

**Mechanical Compression of the Chest.**

## ITS INJURIOUS EFFECTS UPON THE SYSTEM AN INCIDENTAL CAUSE OF PULMONARY TUBERCULOSIS.

BY A. P. DUTCHER, M.D., ENON VALLEY, PENNSYLVANIA.

Some writers on pulmonary tuberculosis have ignored the idea that mechanical compression of the chest, particularly by the modern habit of tight lacing, is a cause of phthisis. And first among this number we may name M. Louis. He does not believe that the mortality of women is materially increased by this custom.\* How any one who is at all acquainted with the anatomy and physiology of the organs of respiration, could take this position, we are at a loss to conceive. Let us for a moment examine this subject.

It is computed that a person in health generally respire about twenty times in a minute, and takes in at every breath about forty cubic inches of air, (rather more than a pint,) the oxygen of which is not only nearly all used up, but forms part of a substance as positively injurious to health as the fumes of burning charcoal. When, therefore, a number of persons for a long time breathe the same atmosphere, without any ventilation or renewal of it, they rapidly exhaust the air of its healthy properties, and *subject themselves to great danger*. The reason is this: No pure fresh oxygen being admitted to the lungs, the venous blood can not part with its carbon, because this is the only means by which it can be taken away. The blood does not, therefore, become revitalized; it goes back to the heart from the lungs in its impure state, and it is sent through the body totally unfit to give it proper nourishment, thus injuring and debilitating the whole system, and exposing it to the attack of many dangerous and fatal disorders.

Such being the effect of breathing the contaminated atmosphere of an ill ventilated room, who can fail to see the folly of incapacitating the lungs from the fulfilling their function by mechanical compression? It is a truth as clear as a sunbeam, that those individuals who encase their chests in the *barbarous corset*, do virtually shut out the very breath of life that gives development, symmetry, elasticity, beauty and strength to the whole body. There can be no vigorous action either of body or mind without it. How soon would the whole animal world gasp in death, if the atmosphere was for one moment withdrawn from the earth.

\*"The influence of dress, and especially of the stays, on the production of phthisis, is also, perhaps, a mere assertion."—*Louis on Phthisis*, p. 445.



The lungs from the nature of their construction are so arranged, that they can receive no more air into them than is sufficient to supply the increased capacity produced by the enlargement of the chest. The respiratory muscles enlarge the chest to a certain extent, and a quantity of air just sufficient to fill the lungs is taken in, and no more. All that can be taken in is necessary to purify the blood thoroughly, and if by any cause the requisite quantity of oxygen is prevented from reaching the lungs, the whole system feels the effect.

Again, by referring to the anatomy of the chest, we discover that a large portion of its walls are made of elastic cartilage, which will readily yield to pressure. The object of these cartilages is principally to assist in expiration and inspiration. Their flexibility may be proved by placing a hand on each side of the chest and pressing them together; they can be thus made to yield several inches. Now it will be readily seen, that if a bandage is tightly drawn around the chest, and continued there for a short time, not only will the chest be prevented from fully expanding, and shut out a great quantity of air, but the right side of the heart must labor harder to propel the blood through the constricted lungs, and the lungs being thus impeded in their wonted freedom, are placed in a condition *which greatly favors the exudation of tubercular matter.*

That mechanical constriction and compression of the chest sometimes produce this result, we have the most abundant evidence, especially in those who have a proclivity to pulmonary tuberculosis. Here is a case, which may serve to illustrate the pernicious effect of tight lacing, and it is a fair sample of many that could be recited. Miss —, aged about fifteen, when at a fashionable school, away from home, and removed from the care of a judicious and sensible mother, got into the habit of tight lacing. Her naturally healthy complexion was soon lost, the glow of health faded, and the rose gave place to the lily; her appetite forsook her, digestion became bad, and in addition to these symptoms, she had the hectic flush, and hacking cough, with other indications of phthisis. Her friends became very much alarmed, medical advice was sought, and the cause of her indisposition readily discovered. The remedy was, of course, obvious; her lacing apparatus was taken from her, and placed where it could not on any occasion be used. In a few months her lost health was regained; but not convinced of the injurious effect of tight lacing, and not satisfied with once placing her life in jeopardy, she must repeat the experiment; but this time the recuperative powers were unable to repair the damage, phthisis supervened, and soon terminated her existence.

Such cases must have fallen under the observation of every physician of experience. I could name several, just now, who are suffering from this cause, in my limited practice. Human nature, or rather the infirmity of it, is such that individuals will sometimes seek to gratify their passions and propensities at the risk, or even at the certain sacrifice of life. The soldier indulges his ambition by seeking a "bubble reputation in the cannon's mouth," and females indulge their love of admiration by displaying what is in fact a deformed person. The soldier is nothing daunted by seeing his companions fall around him; his aspirations for glory impel him on to death or renown: so she whose passion is display, and whose glory is to be admired, still persists in her injurious practice, though she, too, sees her companions silently falling by a species of involuntary suicide.

I am aware that there are very many persons, who maintain that the narrowing of the waist by art adds to the *symmetry and beauty of the human form*. Nothing is more absurd than this. Every physician should rise up in the might of his strength, and denounce such pretensions as a libel upon nature and classic art. Improve the human form! Who has the presumption to attempt this? Folly and ignorance may try it, but it must invariably and forever result in defeat and ruin. The human form is perfect, and in this respect is in harmony with all the works of our great Creator. Ponder well the following thoughts on this subject, taken from Dr. E. H. Dixon's work on "Woman and Her Diseases."

"Look at Nature as spread out before your view; look at her thousand tribes of ever-moving, changing life; her insects, birds and beasts; behold them in their varied states of action and repose; the birds of the air, the lambs that skip over the verdant meadows: has she ever been known to interpose an obstacle to the fulfillment of her ends? Could the eagle soar to the clouds, or the lark sing his matin lay, if the great process of life's renovation were checked within? We know that their muscular activity, their power of rising in the air, depends upon the perfection and freedom of their respiration. The means of escaping pursuit, and of obtaining food, is never denied them. We alone reserve to our skill the improving of the works of Nature.

"Do we talk of beauty? I appeal to sculpture. The forms of classic art are the reverse of modern deformity. Not a modern shape is to be seen amongst all the classic sculpture of Italy. Graceful carriage? It is a union of delicacy in its use, combined with evident strength; the limbs are planted with firmness in the successive steps, the chest expands freely; the head is erect, the eyes on a level with the horizon, and frequently elevated to the heavens. Is this a description of every-day life? The panting, suppressed respiration, the im-

movable chest, the downcast lids ; are they not visible wherever we turn our eyes ?

“ Not a movement of the human frame but is dependent for its energy and gracefulness on the property of organic and voluntary contractility. The former, you know, means nothing more than the power of contraction possessed by the muscular system—that power which holds it together, and develops its increase, by causing the secretion of new particles from the blood. It moves the heart, lungs, stomach and bowels. Voluntary contractility is the power of walking, extending the hands, and every movement performed by the will. Now, let me ask, when do we enjoy them in the highest degree ? Is it not when we possess health ? So in a momentary attack of fainting, we are completely deprived of voluntary, and partly of organic contractility, and can we possess health when the very source of life and motion is crippled by the corset ? ”

Mechanical compression by the corset not only destroys the symmetry of the chest, but it impairs the *beauty of the complexion and countenance*. Try the experiment. Here is a young woman in perfect health ; her complexion is fair, her countenance wears an expression of peace and happiness, and her movements are classic and graceful. Let a band be drawn around her chest in such a manner as to prevent its full expansion. Now look at her complexion : it has lost its healthy color ; the blood is impeded in the superficial vessels under the skin and gives it dark, unnatural red. The features are also distorted ; the nostrils are thrown into more frequent and hurried action, the lips are contracted unpleasantly, the eyes have a staring expression, and an unnatural fullness and projection, all foreign to the beauty of the countenance.

If these are some of the effects of a single band around the waist, how much greater must be those from including the entire chest in a tight corset. A woman tightly laced, will have, in despite of all exertions to the contrary, an afflicted, if not a suffering countenance ; she can not possibly in that state exhibit that lively play of features and ingenuous expression of face, which she could do without effort at another time. Every change of motion, however transient, is promptly followed by a change of respiration, marked either by more frequent movements, or greater expansion of the chest ; but how can an emotion be indulged, or how receive its appropriate expression, if the sides of the chest be pressed in as if with iron.

Such being the injurious effects of mechanical compression of the chest upon the system, who will undertake to say that it has no influence in producing pulmonary tuberculosis ? Every view that we can take of its injurious effects, both local and general, lead us to the con-



clusion, that if this habit was banished from the world, the mortality from phthisis would be greatly reduced among the female portion of the race. And it is a melancholy reflection that this pernicious habit is so general, and so obstinately persisted in, at so great an expense of health and life.

Many females are, doubtless, influenced by a desire to *increase their charms*; and they seem to know of no way to do this, but to *diminish their size*. All classes seem to be alike affected by this mania—old and young, large and small; the large show an invincible desire to grow small, the small still smaller, and all to be squeezed down to the very lowest degree of littleness. Not one in twenty who are in the practice of tight lacing, add a single particle to the beauty of their form or appearance: they only manifest an ardent desire, and an unavailing effort, to be exceedingly pretty, who are not so; while those who by nature may have symmetrical forms, so distort and deform their persons often to such a degree as to be hardly agreeable.

And what a commentary upon the weakness and folly of the female sex does it furnish? And could such things be if physicians would do their duty? Would they dare to adopt a habit so destructive to health, if their medical advisers had the dignity and independence to speak the whole truth on this subject, regardless of fear or favor? It is necessary: the highest interests of society demand it at our hands that we should impart such knowledge on this subject, and all others connected with health, that the truth may be clearly seen, so that every individual may govern his conduct by a correct understanding of natural laws, and it will then be found that nature and simplicity inhabit one temple, and both minister with untiring zeal at the altar of truth and humanity.

---

ARTICLE IV.

**Case of Hydrothorax, with Operation.**

---

REPORTED BY DRs. BOND & PEARCE, MECHANICSBURG, OHIO.

---

MESSRS. EDITORS:—We send you the following report with the hope that it may interest some of the readers of your journal.

About the first of May last we were called to see Mrs. E. Fox, æt. 38, who was laboring under the usual symptoms of pleuritic inflammation, with slight effusion in the left side. We learned she was attacked the previous February, but the case put on no alarming symptoms nor received any medicinal aid until at the time we were called. With mercurial alteratives, counter-irritation, the use of digitalis,

squills, nit. potassæ, iodid. potassæ, etc., we endeavored to allay the inflammatory action, arrest the effusion, and promote the absorption of the already effused fluid; but without success further than the subsidence of the inflammatory action, the effusion continuing to increase until May 15th, when the symptoms became so alarming that tapping offered the only hope of relief.

Copious effusion was now evidenced by the affected side being large and motionless, dulness on percussion, and absence of the respiratory murmur, inability to lie on the sound side. The heart crowded to the right of the sternum, beating under the right mamma, with urgent dyspnoea, and a tendency to coma, marked by blueness of cheeks and lips. We now selected our point for operating, between the fifth and sixth ribs, a little more than half way back from the sternum to the spine. And here we introduced an exploring trocar, for the purpose of ascertaining with certainty the quality and location of the effused fluid, intending to withdraw it and introduce a large trocar. But finding the fluid a transparent serum, and to flow readily but slowly, we left the small canula in until we drew off seven pints of serum, requiring about two hours for it to pass through the small canula.

The system giving no evidence of a collapse, and recovering well, suggests to us that the gradual withdrawal of the waters through the opening was an advantage in this case. The left lung resumed its healthy functions, the heart *gradually* moved back to its proper place, breathing became free, the strength recovered, and now (the fourth week from the operation) she is able to resume the control and perform the lighter labors of her household affairs. She still feels a soreness in the left side, and at the first point of disease there is dulness on percussion, which will probably remain, evidencing some adhesion.

---

*Hypnotism Explained.*—Dr. W. H. Hancock, of Randolph, Tenn., tried the effect of hypnotism, first on a young lady, then on himself, inducing a “pleasant nap” in both instances by looking at a spectacle glass, placed about ten inches from the eye, in such a direction as to reflect the light of a candle. In explanation of the effect, he says: “The brilliancy of the object looked on causes a contraction of the pupil, with inflammatory reaction and suffusion of blood around the eye, producing a feeling of blindness. This, with the effect it has upon the brain, hurries the individual into the arms of Morpheus.”—*Nashville Journ. of Med. and Surg.*

## ARTICLE V.

**Thoughts on the Relative Importance of Exciting and Predisposing Causes of Disease.**

BY J. E. BLACK, M.D., HEBRON, OHIO.

[Concluded.]

The vast majority of mankind meet with death from causes that ought to be foreign to their nature. It is, we opine, sufficiently evident that whenever the last act in the drama of life terminates, by disease or accident, that the mode ought to be termed violent and unnatural. It obviously follows that the natural mode is when the vital powers sink and expire as they rose into consciousness and strength, so gradually and imperceptibly as to present no abrupt departure from harmonious decline. The idea is supported by the lessons of experience, the dictates of reason, and blends with our ideas of the wisdom and beneficence of the Deity. Constitutions relatively pure exhibit development, maturity, decline and death, with scarcely a knowledge of pain. Having been the fortunate heir of an ancestry that had regard to the laws of their being, their attainment of manhood has been but one uninterrupted flow of corporal enjoyment. The active and vigorous play of the vital forces gives an astonishing resistance to ordinary insalubrious influences. With common care, the acme of constitutional activity in mind and body is greatly prolonged. The period of decadence steals on with slow and noiseless step. Imperceptibly, without a nervous twinge or discordant jar in important organs, the body approaches molecular death. No one organ of the body appears to fail much faster than another, but simultaneously body and mind decline and droop, till second childhood and complete dotage are succeeded by unconscious death. The mode of death is not pronounced. No one can say that it resulted from this or that disease, but appears to be rather a legitimate consequence of normal vitality. This is no fancy sketch. A few such cases has every one known, and though all may not approach the vestibule of Hades in this gradual and unconscious manner, yet every one with tainted, unbalanced vitals (alas, how few are otherwise!) may by due attention to predispositions, partially retrieve what his progenitors lost, and preserve a constitution originally faulty in a tolerable state of health, and for years beyond his hereditary entailment. The constant neglect of organic law often apparently trivial in itself, is the ultimate originator of all predispositions to disease. The acquired constitutes the germ for the inherited. A constitution free from taint will long resist almost any exciting



cause. Their persistent application will nevertheless leave an impress upon some vital organ, which, though not immediately apparent, will be felt at some future day, and its transmission be exhibited more or less on the offspring. It is not so with those who have already acquired, or hereditary, predispositions. Experience soon teaches that to them excitants are almost infinitely multiplied. The occult germ of disease is infused into every blood globule, and it only requires some variation from hot-house regularity to set the whole organism in a tumult of morbid acts. What to the healthful frame is refreshing and invigorating, is to them fraught with disease and death. They dread heat, and they dread cold; they dread active exertion, and they dread too close confinement; they can not eat this, nor they can not drink that; they can not sink, nor they can not swim; their life, in short, is one continuous struggle between the physiological and pathological. It is true that the physician can do much as a guide in the maze of difficulties into which the feeble and cachectic system is continually prone. But he can do vastly more for his race, and be a beneficent conservator of health by promulgating true and exact ideas of hygiene, the laws of generation and transmission, and the inestimable importance of guarding with scrupulous care against the thousands of almost unthought of causes, that will slowly but surely place them lower and lower in constitutional purity and force. It is for the physician to overthrow the very common and erroneous dogma, that when no immediate effects are perceptible from unnatural habits, they are therefore not injurious.

When called to a case of disease, and defining in the mind the objects to be attained by treatment, the mind must apply itself to the consideration of the primary and essential causes that wrought the predisposition, (as well to comprehend its effects as aught else,) rather than to the incidental or exciting causes of the attack. Authors give sudden depressions of temperature as the cause of some score or two of distinct affections, and yet how diverse are the indications of treatment. A knowledge that an attack of rheumatism has been precipitated by cold gives really no light as to the best means for its removal. It only makes palpable the existent predisposition, or a some-time presence of an abnormal quantity of effete material in the blood, with a lack of due activity in the organs fitted for its elimination. An attack of intermittent fever may be excited by unusual exertion or exposure, yet this fact gives no aid in determining or explaining what is essential for its arrest. It is the fact that the patient has for some time been exposed to great diurnal variations of temperature, with a

mean range of 61° or over, that determines the phenomena of ague of which previous periodical effects upon the body it is but an intensified epitome—that suggests the *modus operandi* of the numerous agents and circumstances that have been known to arrest it. In concluding these discursive remarks we beg to reiterate the obvious, but neglected truth, that if the human family are desirous of suffering less, and living longer, they must look more to the consequences of their own voluntary acts, and less, far less, to the action of the physical elements. Our bodies were, unquestionably, fitted by the Great Being for the climatic and other conditions that obtain upon the earth, and it appears to us equally undoubted, that He has placed our physical and mental welfare to a great degree within our own keeping, and if we would study his wisdom and benevolence through the Omniscience belonging to natural law, we might then perceive what a powerful inducement is offered us to act intelligently and rightfully, not alone for our own good, but for that of our children and children's children.

---

ARTICLE VI.

**A New Suture, with Observations and an Illustration.**

BY W. T. S. CORNETT, M.D., VERSAILLES, INDIANA.

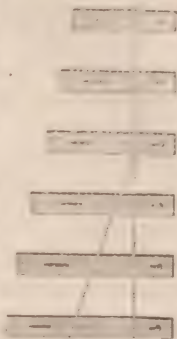
In the *American Journal of the Medical Sciences* for January, 1852, our countryman, Dr. Marion Sims, called the attention of the profession in so forcible a manner to the advantages of metal over thread in the closure of wounds, that we may properly affix that as the beginning of a new era on the subject of suture. Since then there have been various methods devised—all, however, based on the fact so forcibly presented and insisted on by Dr. Sims, that metal, and not thread, is the proper material to be used. Dr. Atlee, of Philadelphia, proposes common needles, with gum elastic rings, stretched from head to point of the needle across the wound. Instead of the ring of Dr. Atlee, I use a gum elastic strap; and instead of the common needle, I prepare my own pins of various lengths, as follows: Take the best steel wire, No. 9, such as is used for piano strings, turn an eye on one end, and point the other by means of a file and whetstone; on the eye I make a head with sealing-wax. These pins can be bent with the fingers into any desired curve, to suit irregular surfaces; are sufficiently strong, and can, after their introduction, be easily cut off at the point with wire nippers.

*Mode of Operating.*—First, pass the pin through the strap near one

end, then pass it through the wound, and so soon as the point emerges on the distal side stretch the strap across and apply it on the point of the pin, then push the pin forward until it is arrested by the head coming in contact with the strap on the proximal side of the wound.

The inspection of the accompanying cut will sufficiently illustrate its application.

The advantages of this strap and pin suture are various, and I think important,—some of which are as follows : It can be practiced in less time than any method known to me ; holds the edges of the wound in perfect apposition ; adapts itself to any swollen condition of the parts which may occur ; admits of perfect cleanliness, and can be allowed to remain *in situ* without detriment for almost any length of time which may be desired. In lacerated and irregular wounds of the face it can be applied so as to hold the parts in perfect position. My impression is, that this suture will, if brought into use, prove of value to the army surgeon on account of its simplicity, and the little time required in its application.




---

ARTICLE VII.

**Persulphate of Iron in Gonorrhœa.**

BY A. H. STEPHENS, M.D., CAMDEN, OHIO.

Two weeks ago a *gentleman* called at my office and inquired whether I could cure the *clap* without giving any medicine ! After a moment's reflection, I replied, "There is nothing like trying." And taking down a bottle of saturated solution of persulphate of iron, which I had been using in a bleeding womb, I directed him to throw into the urethra three times a day about a drachm, and retain it there five minutes. The next day he returned much alarmed, and stated that the discharge had become bloody. I ordered an active cathartic, weakened the solution with an equal quantity of water, and told him to use the injection every three hours. In two days he returned in a very happy mood, and reported himself "all right." And now, two weeks since his first call, he gladly announces the organ performing very satisfactorily its legitimate functions.

As this disease, like the comet, is a stranger in this neighborhood, I give this case in a suggestive way, that some of your readers, who may be more familiar with it, may be induced to test the merits of the persulphate.



## ARTICLE VIII.

## Case of Ligating the Arteria Innominata; with Remarks.

BY E. S. COOPER, A.M., M.D.

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific.  
San Francisco, California.

P. H., æt. 31, was admitted into the Pacific Clinical Infirmary, Sept. 23d, 1860, with an aneurism of the subclavian artery of the right side. The pulsating tumor was of four months standing, according to the patient's statement, and was large enough to fill the super-clavicular triangle, pushing the sterno-cleido-mastoid muscle forwards and inwards, and pressing against the upper surface of the clavicle.

The patient was in a robust condition of health, with flowing spirits and a most hopeful state of mind, strongly impressed with the idea that his vigorous constitution would enable him to recover from any operation, however severe.

From the size of the tumor and its encroachments upon all the surrounding parts, any examination designed to ascertain to what extent it had approached the heart was found unsatisfactory. An immense aneurismal tumor could be distinctly diagnosticated, and that was all.

*Operation.*—The patient having taken about sixteen ounces of spr. mindereri during twenty-four hours after his admission, the operation was performed as follows: A crucial incision was made five inches long in either direction, the centre being over the middle of the tumor. The flaps, including integument, adipose tissue and superficial cervical fascia, were reflected back in all directions. The platysma myoides muscle was adherent to all the anterior surfaces of the tumor, save at the most prominent point in the centre, where it was absorbed by the pressure. On the sides of the front portion of the tumor this muscle was considerably thickened. This being dissected away, the smooth shining surface of the aneurismal tumor could be distinctly seen with strong attachments to the postero-external surface of the clavicular origin of the sterno-cleido-mastoid muscle. This portion of that muscle was divided very close to the clavicle and carried upwards by dissecting and tearing together its attachments to the tumor, which was found pressing close to the sternal origin of this muscle. The latter was cut away, when the scalenus-anticus was exposed to view. This was also adherent to the tumor, and was pushed forwards out of its natural position. A portion of this muscle was cut away in order to expose the parts below. It was soon found, however, that the pressure of the anterior surface of the tumor had caused the obliteration

of some of the branches of the thyroid axis, as well as of most of the other vessels usually situated in that region, so that no troublesome hæmorrhage occurred, and the dissection of parts was effected readily that would otherwise have been very difficult to cut into with the knife, in consequence of the risk of dangerous hæmorrhage. The pneumogastric and phrenic nerves were both destroyed or so flattened and absorbed as not to be discernible. The tumor had pressed so strongly against the origin of the axillary plexus of nerves as to produce complete immobility of the right arm.

It was soon found, on removing all the tissues in front of the tumor, that it pressed upon the posterior surface of the sternal extremity of the clavicle, and filled all the space back of the right side of the summit of the sternum. These were both cut away readily by means of a large pair of bone-forceps, care being taken not to wound the walls of the tumor. It was hoped that this would leave the vessel directly feeding the aneurism easily exposed, but such was not the case. The tumor was found strongly adherent to and partially grown around the lower extremity of the carotid artery, so that it was utterly impossible to separate them. The enlargement was so great low down in the neck that for a while it appeared almost impossible to expose any part of the arteria innominata without invading the pleural cavity, and it had now become painfully apparent that no other vessel could be ligated on the proximal side of the tumor, and I had not faith enough in deligation on the distal side to attempt that in such a case. The arteria innominata was therefore sought for and ligated; not, however, until nearly three-quarters of an hour had been occupied in making room through the softer tissues after the removal of the bony structures described. That vessel was found dilated above, so that the ligature (made of four strands of saddler's silk) could not be placed upon its upper extremity, but was applied within or about an inch of the aorta.

*After-Treatment.*—The flaps in their shrunken condition were brought back over as much of the enlargement as they would cover, and a compress applied which rested directly upon the uncovered portion of the tumor. The compress was thick enough to raise a roller carried over it and around the chest in the figure-of-eight turns sufficient to prevent much pressure anywhere excepting directly upon the tumor. By this means pressure was kept up very gradually but strongly during the entire after-treatment. The object of this was to obliterate the tumor as speedily as possible and condense the tissues external to it, so as to support the vessel when the ligature should

come away. The dressing was kept wet in an evaporating lotion, composed of one part of alcohol and ten of water, (which are the best proportions for our climate.)

The patient took half a grain of morphine and five of extract colocynt. comp., every day. The object of the morphine was to reduce the heart's action. Spr. minder. and mag. cit. were administered freely for the first two days. The patient did exceedingly well for the first three weeks, not an untoward symptom occurring during this time. He was able to walk about on the morning of the twenty-first day, had an excellent appetite, talked and laughed with those around him, and had not the most remote idea of dying. On the evening of that day, however, he had an active but short arterial spirt, which, through the promptitude of Mr. Holbrook, the resident student of the Infirmary, who was near at the time, was arrested before more than two ounces were lost. The ligature was detached on the eighteenth day. The bleeding was very easily arrested, and there was no return of it until the thirty-ninth. During the last ten days of that time, the patient coughed considerably, and complained of difficulty of breathing and pain in the breast. The tongue became red and the urine highly colored. The wound in the mean time cicatrized all over, save a space less than the size of a dime. In the centre of this a small clot of a few drops of blood was seen on the morning of the thirty-eighth day after the operation. In the afternoon of the thirty-ninth, a slight hæmorrhage occurred, but was as easily arrested as before.

After the first bleeding, I invented an apparatus by which more strong and constant pressure could be produced than by the compress and bandage. It consisted of a large circular cushion of leather, stuffed very tightly with hair, about three inches thick and four and a half in diameter, with buckles and straps attached, so as to fasten them around the body in the form of the figure-of-eight bandage. On the fortieth day, hæmorrhage occurred several times in spite of the pressure of the cushion. During the following night, bleeding occurred several times, and next morning was quite persistent; the strongest pressure which could be brought to bear would sometimes fail to arrest it completely, and in the afternoon I directed the patient to be informed that all hope of recovery was lost, but that there would be time for arranging his earthly matters, which he expressed no desire to avail himself of, and as soon as left alone, he unbuckled the straps, removed the cushion, and bled to death almost instantly.

*Post-Mortem Appearances.*—The part not cicatrized at the time the



last hæmorrhage commenced, as well as a large amount of surrounding tissues, were absorbed or carried away by the force of the circulation. The newly-formed skin was included in this to a considerable extent, and the parts under it were removed to a much greater extent, so much so that a space was found as large as a hen's egg. A considerable portion of the arteria innominata itself was carried away, until there was nothing left but the stump of that vessel. Tissues not involved in the operation were also carried away. Never have I seen displayed the powerful effects of the circulation in destroying tissues by its mechanical force, as in this case. All the destruction mentioned was evidently done in less than three days.

*Autopsic Phenomena by Dissection.*—Recently formed adhesions were found between the lungs and pleura and between the pleura costalis and the ribs. The lungs were very much congested. The heart, though healthy, was very small, not more than three-fourths of the ordinary size found in persons of the patient's physical dimensions otherwise. Other vital organs normal. A firm barrier was formed between the wound and the pleural cavity, consisting of adventitious deposite of nearly an inch in thickness. No reproduction of the bony structures had taken place—the constantly kept up and strong pressure was sufficient to prevent this. The tumor was found reduced to one-fourth or one-fifth its original size, and contained an organized clot, resembling in appearance and touch the substance of the parotid gland. The internal wall of the tumor was still so adherent to the primitive carotid artery, that the separation of the two was somewhat difficult to effect without cutting into one or the other. The posterior surface of the tumor was strongly attached to the scalenus-mediæ muscle, as well as other tissues of that region.

*Remarks.*—The result of this case settles in my mind the impracticability of ligating this vessel as a rule. While it may be possible that some patients will yet recover from this operation, it will remain forever doubtful in my mind whether such a result can occur. This patient, above nearly all others upon whom I have performed a dangerous operation, was favorable for success. He was possessed of an iron constitution, had lived temperately, and though a laborer, had never been injured by hardships. In the prime of life, with an unbounded confidence in the powers of his constitution and the efficiency of his surgeon to secure his recovery, hopeful almost in the hopeless hour, and in a climate in which it would appear that nature effects almost miracles in the aid of the surgeon, no patient could be better suited to surviving a dangerous surgical operation. If any patient

does ever recover after this operation, it will be one in which the arteria innominata is unusually long and the aneurism so situated that the ligature may be placed upon the extreme distal end.

Four days prior to the death of this patient, no one by examining the wound would have considered it more than barely possible for him to bleed to death. The parts almost cicatrized, and very solid, without the least pulsation of the arteria innominata, and which had been so for nearly two weeks with a firmly organized deposite external to that vessel, we began to think we had the dangers of hæmorrhage nearly removed. The only thing that troubled the patient now was cough and pain in the chest, which was caused by the imprudent exposure to a draft of air after he *would* consider himself entirely out of danger. What effect, if any, coughing might have had in causing or hastening death, I am unable to say. It is very evident that the motion of the upper part of the right lung and of the windpipe would cause more or less motion in the parts involved, and it probably induced the breaking away of the adventitious formation about the end of the artery sooner than it would otherwise have occurred.

This case, more than any other that has yet occurred in my practice, made the strongest impression on my mind. Never before have I felt so humiliated by the inefficiency of the surgical art in rescuing patients from death. What are we to do with such cases? Is there no new process for treating these aneurisms more available than any yet established, and can the skill of the whole surgical world avail nothing? Time will prove. If the result of this case, with all the favorable influences surrounding it, does not forever put to rest the question of the impracticability of this operation, there are two points to which I would direct the attention of the inexperienced who may wish to try it. The first is never to apply a ligature upon the arteria innominata within an inch of the aorta, because *it is utterly impossible for any patient to recover* after that operation. The second is to cut away a portion of the summit of the sternum, and the sternal extremity of the clavicle, whether necessary to the ligating of the vessel or not. This is a very trivial matter so far as the duties of the surgeon are concerned, and when skilfully performed, can not to any considerable extent enhance the danger of the patient. The advantage of this step is that it gives facilities for arresting hæmorrhage by pressure that are almost incalculable, and was the cause of this patient's life being protracted to a much greater length than it otherwise could have been.

I write for those who are inexperienced, because having had two cases terminating in the same way, I never expect to have more ex-

perience upon the subject, and would fain benefit those who are disposed to, but have not yet tried this most hazardous of all operations upon the arteries.

---

ARTICLE IX.

**Quinine in Pneumonia.**

---

BY ALEX. MCBRIDE, M.D., BEREA, OHIO.

---

In response to a wish expressed by Dr. O. C. Gibbs, in the April number of this journal, I present you some of my experience and opinions in the treatment of pneumonia.

In my treatment of pneumonia during the past sixteen years, I have followed in the main a course very different from that of most physicians; different indeed from that which I had been taught by books and lectures. In all this time I have not bled in a single instance. Now when I say that I have never lost so much as one patient, except a very few small children, with that disease, where I had control of the case, I hope I shall not be called a boaster. I may here also state that I have treated a fair proportion of cases, for I have done a very fair amount of business during the time above named.

My practice is about as follows: I make a close distinction between *sthenic* and *asthenic* action. In pure *sthenic* action I give antimony freely during the most acute stage, or till expectoration is well established, and as long as it continues very adhesive and of a rusty color. I give opiates with this, *strictly according to the amount and sharpness of pain*. This course alone, without any other remedy whatever, will be sufficient for some cases. If the expectoration becomes copious and less adhesive, whether color is changed or not, I change tactics and treat as in *asthenic* cases.

In using antimony freely, sometimes copious vomiting and purging comes on; this will take place after a considerable quantity of bile has been secreted and thrown into the duodenum. When this occurs, I suspend the medicine till reaction takes place, or if prostration is very great, some kind of restorative may be used, but generally nothing is necessary. After reaction is established, I resume the same treatment, viz.: antimony, with or without opium, but the antimony must now generally be diminished in quantity. There are but few cases of sufficiently high *sthenic* action to admit of this plan of treatment, and he who would practice this mode of ours, should remember the motto of Col. Crocket: "Be sure you are right, then go



ahead," for the treatment of an *asthenic* case in this way would almost surely result disastrously.

In *asthenic* action, which is by far the most common, if there is much pain, which frequently is the case at first, the treatment may be commenced with full doses of pulv. Doveri and camphor, and as soon as the skin becomes moist, or if the rhonchi are very conspicuous, quinine should be freely administered, viz. : two to three grs., according to the urgency of the case, every three hours. If the expectoration is very copious, this dose should be alternated with turpentine, ten to twenty drops, two to three hours apart. This course may be followed till the case improves, when the turpentine should be diminished in quantity; or if it affects the kidneys too much, carb. ammonia with camphor, or full doses of gum ammoniæ in emulsion may be substituted. The quinine should be continued as long as its good effect is manifest. If this course does not prove to be energetic enough, as will be shown by purple lips and cheeks, drowsiness and frequent pulse, I do not hesitate to give tr. canth., M. lx., and in an hour or two M. xl., and repeat in this sized dose from time to time till the symptoms improve. After the patient has rallied, the quinine, camphor, etc., may be again relied on, but they need not necessarily be suspended, while the cantharides is being used; but when the patient is in the actual state of congestion which demands such full doses of the cantharides, quinine is of very doubtful efficacy; it will not always in that state restore the *lost tone* of the capillaries, but acting on the asthenal trunks will increase the congestion—at least I have seen it appear to operate thus when cantharides would improve the case in fifteen minutes. In a case recently, where deadly congestion was imminent on the eighth day, I applied at once three fly plasters, and gave at the same time full sixty minims tr. canth. The danger was soon averted. It will not answer to falter in these cases; the only just rule of time and quantity is to give of these remedies quantity enough and often enough to effect the object.

Although quinine is an invaluable remedy in the treatment of these cases, one must not think he has carried stimulus and tonic (or sedative,\* as Dr. Gibbs calls it,) to the highest point when this remedy has accomplished all it can. There is a point beyond which quinine, excellent as it is, will not go, and that point is when the lungs are in

---

\*I think the idea of quinine performing its good effects by acting as a sedative is a mistaken one. Because the pulse is lowered in frequency by quinine is no proof that it is a sedative. Sedatives are "medicines which directly depress the vital forces." If quinine is a sedative, so are cantharides and turpentine, for under the use of both these remedies in proper cases, we find the obstruction to remove, and the pulse to lower in frequency.

the actual state of *atomic* congestion. Here is the point where cantharides will do the work. Cantharides will answer in the form of plaster, but the tincture given internally will effect quicker. I seldom use blisters in this disease.

It will be perceived that I have made no mention of cathartics. I seldom use them in treating pneumonia. Cathartics can not be used in this disease without an interruption of the regular action of the proper medicines, and if this is interrupted, the disease retrogrades. The bowels will move soon enough spontaneously or by the action of the medicines used ; especially in those cases where antimony, ipecac, carb. ammonia, gum ammonia, etc., are used.

Dr. Gibbs speaks, in describing the treatment of his case, of controlling the pulse with veratrum. Whether he expected to accomplish some definite object by lowering the pulse, or used the remedy because that is now the fashion, I should like to be informed. *Increased frequency of the heart's contractions, thereby causing a more rapid transit of the blood, and consequently more rapid atomic change, is one of nature's methods of removing the obstacle.* I prefer leaving the pulse to its natural frequency as regulated by the amount of vital force and the obstacle to be removed. If veratrum lowers the pulse by effecting a removal of the obstruction, I say give it, otherwise not.

Dr. Gibbs' patient was so well plied with quinine that the action of both disease and veratrum were overcome.

Opium is a hazardous remedy in this disease. It should be used, if at all, in the primary stage, and when there is *acute pain*, (the pain generally is owing to pleuritic inflammation,) or for some other special purpose. It is positively injurious in the stage of atomic congestion.

The duration of this disease, treated in the way here described, is usually seven days ; rarely fourteen days. I have no recollection of any case continuing a longer period when treated thus from the first. The asthenic form, with which I have had much the most experience, terminates with as strict regularity at the end of the seventh day as a well conducted case of bilious fever, the termination being so complete that the pulse will commonly be found below seventy-two in the beginning of the eighth day, though some cough and expectoration will usually continue a few days longer.

## Proceedings of Societies.

---

### Proceedings of the Clermont County Medical Association.

---

Reported by J. W. MENDENHALL, M.D., Secretary.

---

The Clermont County Medical Association held its regular semi-annual meeting in Batavia, O., May 8, 1861. Present: Drs. Pease, Lyman, Coombs, Scoville, Anderson, Crew, Hopkins, McChesney, Thomson, Gordon, and Mendenhall.

The President, Dr. Pease, taking the chair, the minutes of the previous meeting were read and approved.

The names of Drs. Carmichael and Barber were presented for membership, who were elected.

On motion, the following amendment to the constitution was adopted: "That in the name of this organization the word *Society* be substituted for *Association*, so that it shall hereafter be styled the Clermont County Medical Society."

The Chair appointed the following committee to nominate officers for the ensuing year: Drs. Lyman, Mendenhall, Thomson, Anderson, Coombs, and Crew.

Dr. Coombs reported a case of dislocated shoulder downwards and forwards, that could not be sustained in its proper position after reduction. He supposed the difficulty arose from a portion of the capsular ligament being carried back behind the bone. In six or eight weeks there seemed to be complete recovery.

Dr. Gordon reported an interesting case of a gunshot wound in a boy twelve years old. The ball entered at the wrist, passed up between the radius and ulna, fracturing the former in two places, and came out above the elbow-joint. He cut away two ounces of lacerated muscles at the lower orifice. The wound healed by first intention, except at the upper orifice, where there was but little suppuration. The boy was well in five or six weeks.

Adjourned until 1 o'clock P. M.

*Afternoon Session.*—The committee on officers for the ensuing year reported the following gentlemen, who were duly elected: For President, S. L. Scoville; Vice Presidents, Drs. Rogers and Anderson; Recording Secretary, J. W. Mendenhall; Corresponding Secretary, A. C. McChesney; Treasurer, J. S. Coombs; Censors, L. T. Pease, T. B. Crew, and D. S. Lyman.



Dr. McChesney delivered an elaborate essay on diphtheria, giving a history of the disease from a remote period, together with his personal experience with the same. The delivery of the essay was followed by an interesting discussion upon the character and treatment of diphtheria, participated in by Drs. Gordon, Pease, Coombs, Crew, Seoville, and Lyman, the inference from which was that the essential features of the disease were debility and prostration of the vital powers, requiring the free administration of tonics internally, with the use of mild topical applications.

On motion, it was resolved that the Chair appoint at the present and every succeeding meeting three committees of one each, to report on practice, surgery and midwifery. The Chair appointed the following committee, to report at the next meeting: Dr. Lyman, on Practice; Dr. Pease, on Surgery; and Dr. Coombs, on Midwifery.

Dr. Gordon was appointed essayist for next meeting, and Dr. Crew alternate.

Drs. Coombs, McChesney, Anderson, and Carmichael were appointed delegates to the State Society.

On motion, the Society adjourned to meet in Batavia on the third Wednesday in October next.

---

## Editorial Translations.

---

*The Harmlessness of the Introduction of Air into the Veins after Bleeding:* By M. A. REY, Clinical Professor in the Veterinary School of Lyon.

Every one is informed of the labors of Magendie, Amussat, MM. Bouillaud, Renault, Bouley, on the introduction of air into the veins, and that this accident is always one of the most fearful to surgeons. M. Rey has been led, by experiments made on horses, to think that those fears are exaggerated, at least so far as concerns animals. The following, *en résumé*, are the results of these experiments, which M. Rey has varied a great number of ways. When a bleeding is made from the jugular vein without placing pins for stopping the flow of the blood, there is heard sometimes during several hours which follow the operation a gurgling sound, indicating the entrance of air into the veins, but without any trouble to the general functions. When, after the bleeding, air is blown into the jugular vein by the aid of a tube, and the wound is immediately closed, some experimenters affirm that death inevitably follows. M. Rey has very often observed the con-

trary. If the air has not entered in too great a quantity, the closure of the wound has not produced any marked disturbance in the respiratory functions. In order that the animal should die, the air must be blown in in two expirations; and still it happens that the subject resists for a little while, according as his organization may have some energy. M. Rey placed an open tube in the jugular, and allowed it to remain for several hours. The animals submitted to this experiment did not appear to experience the least uneasiness. The sound produced by the entrance of air was heard from time to time, and principally during inspiration. In sacrificing a great number of glandered horses by blowing air into the jugular, M. Rey has still obtained analogous results. Whether the air is injected with particular instruments or that it is blown through a tube by the lungs, a large quantity is necessary to kill the animal. Some bubbles are not sufficient, and often the introduction of a great quantity of this fluid, repeated several times, producing the gravest symptoms and a general perturbation indicating a speedy death, causes only slight effects. It is necessary to prevent the escape of the inspired air and blood through the opening in the vein, a phenomenon which is observed a great number of times. When, after the bleeding, we ligate the vein above and below the wound, death is certain, and is produced more or less quick, according to the quantity of air injected, and the power of resistance of the animal.—*Gaz. Méd. de Lyon* (No. 4, 1861), *et Gaz. Hebdomadaire*.

---

*Perchloride of Iron*.—M. Leroy (d'Etiolles) stated at the meeting of the Medical Society of the Department of the Seine, February 1, 1861, that he had seen grave accidents follow the application of perchloride of iron, and related the following case: In a woman suffering with chronic vaginitis, he introduced into the vagina a series of dossils of charpie previously plunged into the normal solution of perchloride of iron. As a consequence the patient complained of acute pains and symptoms of peritonitis. M. Leroy, with the advice of Dr. Pupier, extracted the dossils, with some difficulty; some baths allayed the pains. Some days after, the patient passed through the vulva an incomplete cylindrical membrane, formed by the vaginal mucus membrane. From that time the vaginitis remained cured, but returned in consequence of a persistent uterine catarrh.

M. A. Richard: While he was willing to acknowledge that perchloride of iron has some advantages in certain cases, he could not admit all those which certain gentlemen attributed to it. The accidents which have been observed from the use of this medicament seem

to be due to the great variety of its preparations, the strength of the solution by means of the aërometer not being exact. In the hospitals that preparation has been designated normal marking thirty-six degrees. A lady having had a very grave uterine metrorrhagia, recourse was had to the vaginal tampon with dossils of charpie wet with a pure solution of perchloride of iron; there was neither pains nor symptoms of peritonitis, but after having allowed the tampon to remain eight days, it was extracted with difficulty, owing to the contraction of the vulvar ring. Some months later, a *confrère*, whose client this lady was, called M. Richard. She complained then of various pains, vomitings, etc.,—the consequence of a retention of the menses, produced by atresia vaginæ. This atresia, consecutive to the application of the perchloride of iron, demanded an operation, which M. Richard made with his finger and bistoury, having previously introduced a sound into the bladder, etc. M. Richard added that perchloride of iron produces sometimes diffuse inflammations when it is introduced on dossils of lint into excavated wounds and ulcerated cavities.

M. Lagneau believes, with M. Richard, that the difference in the effects observed in the topical employment of the perchloride of iron is due to the varying strength of this solution, which, although prescribed at thirty degrees of the aërometer, appears to him to have a very variable activity according to the pharmacist it is procured from. The pure solution advantageous in the bleeding fungosities of the uterine neck was uselessly applied in a young woman affected with an abundant uterine discharge, with sanguine exhalation from the internal surface of the neck; although frequently carried over the diseased surface with a pencil, the solution appeared only to have an irritating effect. For labial, lingual *plaques muqueuses*, on the contrary, it has appeared insufficient. In certain chronic blennorrhagias the injection of from one to three grammes of this solution to one hundred of distilled water, have appeared to him to have a very prompt efficacy, but ordinarily they have caused pain and very acute burning. We must not forget that perchloride of iron has the great inconvenience of staining the linen, a very great objection in the treatment of venereal diseases.

M. Gery admitted that the pure solution applied for a short time may not have a caustic action; but this is not the result when it remains a long time in contact with the tissues.

---

*Luxation of the Big Toe, etc.*—At the meeting of the Surgical Society, June 26th, M. Leteneur gave the history of a luxation outward



and upward of the left big toe, with a wound, and escape through the wound of the first metatarsal bone. There was also an incomplete luxation of the first metatarsal on the first cuneiform bone. The patient was 27 years old, vigorous and stoutly formed. The reduction of this double luxation was accomplished almost immediately after the accident, before inflammatory swelling had time to appear. The foot was immediately submitted to a continued application of cold water. After several days of fever, agitation and want of sleep, an abscess appeared on the dorsum of the foot. The general and local symptoms abated promptly, so that the patient, brought to the hospital March 20th, was discharged April 15th, and resumed his occupation of a stable-boy the next day. Of all the cases published to the present time, which amount to twelve, this of M. Leteneur is the most successful. This surgeon has not made, as some have witnessed, the *preventive incision* on the dorsum of the foot, counselled by M. Laugier, for preventing the inflammation which develops itself infallibly in this region, and which was of great gravity in several patients. Nevertheless his patient has been cured more promptly than that of M. Laugier. M. Leteneur will be then disposed to wait for the formation of pus to make an incision; but he prefers that the abscess should be opened very early, while it is limited to the neighborhood of the point. He advises against the reduction in all cases when it can not be done except by very violent efforts. When the reduction is impossible, his course is not to resect the head of the metatarsus, advised by Cramer, Laugier and Larrey; still more, he does not advise the total ablation of the metatarsus, but the partial resection of the head of this bone. This partial resection will leave intact all the portion of the head of the metatarsus which is in connection with the sesamoid bones, and on which the weight of the body is borne. Finally, M. Leteneur preferred to the ablation of all of the head of the metatarsus, that of the great toe itself; for after the loss of the great toe the patient would be, for standing and walking, in better condition than after the resection of the metatarsus.—*Gaz. Hebdomadaire*.

---

*Veratrum Viride in Hysteria*.—Thinking it an important indication to control the circulation by cardiac and arterial sedatives, Dr. G. M. Staples, of Dubuque, Iowa, administered in a case of violent hysteria Tilden's fluid extract of veratrum viride, six drops every two hours, reducing the dose to four drops three or four times a day, as soon as amelioration of the symptoms followed. The effect was very favorable.—*Med. and Surg. Reporter*.

## Correspondence.

---

BOSTON, MASS., July 8, 1861.

MESSRS. EDITORS:—At the annual meeting of the Massachusetts Medical Society, the last week in May, Dr. John Homans was re-elected President, together with the old board of officers. From the report of the Treasurer, I learn that the outsets of the Society during the year were \$18,327.20; income, \$17,190.55, leaving a deficit of \$1,126.65. A recent legacy of \$10,000 will add to its annual income. During the year fifteen members deceased, at the average ages of sixty-three and one-half years.

Papers presented on registration of zymotic diseases, and subcutaneous infections. A brief report of a tumor, weighing 81 pounds, was given, with a promise that a full history of the case would soon be published. This tumor was removed from the abdomen of a man, aged 25, at a post-mortem examination. A cast of this enormous growth was exhibited.

The Annual Address was to be given by Dr. Kimball, of Lowell, but he was absent at Fortress Monroe, and Dr. Perkins, of Newburyport, came to his rescue, as a substitute, and gave a spirited, eloquent and patriotic, as well as practical address upon "The duty of the physician and surgeon on the day of battle or in war." The following resolutions were adopted:

"*Resolved*, That the Massachusetts Medical Society petition the Legislature for the establishment of a Board of Health of vital statistics, for the following purposes:

"First, To have the general oversight of the sanitary interests of the Commonwealth, as the Boards of Education and Agriculture have over the interests entrusted to their supervision.

"Second, To have charge of the registration law of births, marriages and deaths, and to prepare the annual report.

"Third, To have the charge of the State census and to make the decennial report.

"Fourth, To have authority to visit all the public medical and sanitary charitable institutions in the Commonwealth and elsewhere, which receive patients from this State, and make a general annual report of their condition to the Legislature.

"*Resolved*, That every member of the Medical Society be requested to use his influence with the Senators and Representatives from his district, to persuade them to support this measure in the Legislature.

"*Resolved*, That the several district societies be requested to take action in behalf of this measure and use their efforts for its adoption."

Dr. Wm. J. Dale, of Boston, has been appointed Surgeon-General of the Massachusetts forces.

The Medical Commission of this State very recently made a visit to the forts in our harbor. The day was fine, and the *inner* as well as the *outer* man fared sumptuously. Some fifty physicians enjoyed the excursion as invited guests. Would that you could have laid aside your *editorial* pen for once, and have been present, to bathe the heated brow with the fresh breezes from old Ocean's cooling breath.

The eighteenth report on the registry and return of births, marriages and deaths in this State during the year 1859, with observations upon the tabulated abstracts, from the pen of Dr. Josiah Curtis, of this city, contains a vast amount of statistical matter, which can only be fully appreciated by a careful and patient perusal. In so short a notice, I can give but a few of the more important items.

There were registered during the year, 35,422 live-births ; 739 still-births ; 11,475 marriages ; and 20,976 deaths ; comprising an aggregate of 79,348 individuals, aside from the still-births. The number of births exceed those of 1858, by 931 ; marriages, by 948 ; and deaths, by 200, not including the still-births. The records exhibit a *daily average* of 97 births, 31 marriages and 57 deaths. The population of Massachusetts for 1860 was 1,231,536, an increase of 99,166 since the State census was taken in 1855, or only 8.153 per cent. ; while during the five preceding years, it was 16.30 per cent. During the period from 1855-59, the excess of registered births over registered deaths numbered 55,912, showing that 70.3 per cent. of the increase of population in the State during the four years, to have been from excess of births over deaths ; and that 29.7 per cent. of this increase is due to excess of immigration over emigration. The manner of taking the census in England and Wales is far more accurate than in this country. There it is taken in a *single day*, employing one enumerator for every 600 inhabitants ; here it requires many months, with but one enumerator for every 20,000. There the cost is \$40 per thousand inhabitants ; here \$55 per thousand.

The number of births registered in 1859 was larger than that of any other year in the history of our State. It was 931 above that of 1858, and 1,402 above the average annual number for the five previous years. There was one birth to 34 persons living ; while in England and Scotland it was 1 to 29. Still the birth-rate varies in different counties and cities ; neither is it uniform throughout the year. In this country, more births take place in the first than in the last half of the year. The reverse is true in England and Scotland. The propor-



tion of sexes among the registered live-born is 104 males to 100 females; and among the still-born, 148 males to 100 females. Among the causes of this preponderance of the male sex, Dr. Curtis suggests the excess of the age of the male parents. This opinion has received corroboration from French and English writers, but does not receive the sanction of Dr. Sutton, of Kentucky, in his reports. Still in the latter State the proportion of males is 110 to 100 females. By an approximate method, it is ascertained that the difference of age is 3.8 years in favor of the male, at marriage in Massachusetts, while in Kentucky it is 4.8 years, which seems to corroborate the theory of Dr. Curtis, notwithstanding Dr. Sutton's opinion. There were 237 illegitimate births (56 less than in 1858), 119 males and 118 females. There were two cases of triplets—one, sex not stated, the others all females. It appears that the number of children born to American parents is lessening, while those born to parents of foreign birth are increasing.

The number of registered marriages was 948 above that of 1858; but was 643 less than the average annual number for the five previous years. The marriage rates are not uniform through the different seasons of the year. The last quarter is more prolific of marriages than either of the others. The second quarter presents the next highest rate. The rates range from 1.42 per cent. (one marriage to 70 persons living) in the Metropolitan Division, to 0.79 per cent. (one in 126 persons living) in the South Eastern Division; the rate in the entire State being 0.95 per cent. (one marriage in 106 persons living.) The numbers of *first marriages* of both sexes were greater than the numbers of the same class last year; and the numbers of *subsequent marriages* were less. 84 in 100 men entered into conjugal relation for the first time, and 91 in 100 women became brides for the first time. 96 in 100 bachelors married maids, and only 4 in 100 chose brides who had been brides before. 66 in 100 widowers selected maids, and 34 in 100 selected widows. 89 in 100 maids were united to bachelors, and 11 in 100 were wedlocked with widowers. 42 in 100 widows were chosen by bachelors, and 58 in 100 became the recipients of those who had been husbands before. Of the 10 widows under 20 years of age, 9 married bachelors, and of the 86 widows between the ages of 20 and 25, no less than 74 married bachelors; showing conclusively the *availability* of *young* widows. The following are some cases of extreme in ages: One man aged 31, married to a girl of 12; one of 35, to a girl of 13; one of 58, to a girl of 17; one of 53 (fifth marriage) to a maid of 19; a bachelor under 50, to a maid over 70; a

widower 70, to a widow under 25. There were 14,001 American-born persons married, and 8,251 foreign-born. Of these, 951 of each class intermarried. In Suffolk County, the foreign element predominates in marriage, as *five to four*.

There were 200 more deaths recorded than in 1858, and but 24 below the average annual number for the seven previous years. This gives a gradual diminution in the rate of mortality, considering the increase of population. The rates show that there are 58 persons living to 1 annual death; while in England there are 45, and in Scotland 50. Dr. Curtis argues, at some length, upon the probable amount of sickness, death, and unnecessary tax inflicted upon the community for the want of proper sanitary regulations. This is a question of infinite moment, and needs the best energies of an earnest and intelligent people. As usual, the cities present a higher rate of mortality than the rest of the State. July, August and September are the most fatal of any in the year, while the reverse is true of England and Scotland. The percentage of the nativity of those who died is as follows: American, 81.30; foreign, 15.56; unknown, 3.14. The death rates of Boston were 2.142 per cent., while in the rural districts they were only 1.598 per cent. For ten years in England and Wales, in the country, the rates were 1.977 per cent., and in London 2.448 per cent.

Among the more prominent causes of death, diseases of the zymotic class take the precedence, numbering 5,416 deaths; which is less than the average for the previous five years. The deaths from small-pox were 255, against 12 in 1858. Whooping-cough was fatal in 357 cases, and as usual, more so to girls than boys, there being 200 of the former. Scarletina produced 1,038 deaths, 13 less than in 1858. Typhoid fever was fatal in 932 cases, occurring more in the last of summer and the autumnal months, and affecting more the rural districts than the cities. Dysentery proved fatal in 612 persons; this shows a gradual diminution for several years. Croup numbers over 500 victims. Intemperance destroys 100 yearly, under the name of delirium tremens. Diphtheria is the reported cause of 32 deaths, against 18 in 1858; none were reported in 1857. It appears that in this country and in Europe, more females die from this disease than males.

While the proportion of deaths from the zymotics to the total deaths from all causes is nearly the same in this State and in England, there is a great difference in the fatality from constitutional diseases, being nearly 2 to 1 in favor of the latter. Consumption did its work

upon 4,704 of our population, which is more than one-fifth of all the deaths from all causes. In England, the average is only a little over 12 in each 100 deaths. Dropsy and anæmia produce about 550 deaths annually. 1,308 deaths are reported from cancer, for the last five years; of this number 306 were in 1859. In 1858, there were reported in England 6,433 deaths, of which 4,464 were females. About the same ratio pertains to this State. A majority of persons dying of cancer are over 45 years of age. In this class of diseases there is a striking similarity of numbers, from year to year, in regard to fatality. The same is also true of local diseases, ranging from 20 to 21 in each 100 deaths. Of this group, pneumonia causes about four-fifths of the deaths. The number of deaths from the organs of circulation and digestion was larger than in any one of the preceding four years. 831 deaths are reported from cholera-infantum. A majority of the deaths ascribed to *old age* is invariably of the female sex; while to those recorded as infantile, the reverse is universally true. During the last nine years, 1,572 deaths from *child-birth* are registered. To these add 368 deaths from *Metria*, and we have 1,940 fatalities incident to child-bearing. Taking the number of births registered for the same time, and it gives 67 deaths to every 10,000 children born alive, or 66, if the number of still-born is included. In England, excluding the still-births, there were 51 deaths to every 10,000, during 12 years, from 1847-58; which shows that these casualties are more frequent here than there. Deaths from violence are enumerated. The number of homicides was 18. There were also 83 suicides. The percentage of deaths, from all causes, is greater in males than in females.

The average age at death of 56,822 persons, who died during the last sixteen years and eight months, is fifty years, nine months and eighteen days.

It would be interesting to examine the tables, in regard to the occupation of those who have died; and the relation of the meteorological conditions of the seasons to the public health, as well as the fluctuations of the stock market, and other financial matters, as bearing upon the physical condition of the community; but space will not permit.

To appreciate fully a report of this kind, with the vast array of facts and figures, with the accompanying explanations and deductions, to fill up the warp and woof, it is essential to peruse it more in detail than I have been able to do in this condensed article.



## Reviews and Notices.

---

*A Treatise on the Practice of Medicine:* By EDWIN R. MAXSON, M.D., formerly Lecturer on the Institutes and Practice of Medicine in the Geneva Medical College. Philadelphia: Lindsay & Blakiston. 1861.

As we learn from the preface to the book before us, it “consists in part of a course of lectures delivered by the author in the Geneva Medical College.” The author also tells us that it “has been arranged and prepared for publication in part from an earnest solicitation of members of the medical class.” We have a number of most excellent works on the theory and practice of medicine extant — some of them full and voluminous, some of them brief and condensed; we have, therefore, scarcely felt that there was any special necessity at this time for a new work in this department of medical literature. We have, however, examined the work of Prof. Maxson with some considerable care, partly with a sense of curiosity as to what might be the claims for its acceptance, and partly with a sincere wish to do entire justice to a new candidate for the worthy and favorable consideration of the profession.

We are not very favorably impressed with this work, and we doubt very much the wisdom of Dr. Maxson in appearing before the profession as an author. In matter, it is incomplete and superficial: it aims at being a somewhat complete system of medicine — in this respect it falls short; and, on the other hand, it is insufficient as a remembrancer to the practitioner or as a handbook of practical suggestions. Indeed, we do not see in what respect it can subserve a useful purpose in the library of the physician, while so many other better books are quite as readily in reach.

In the main, the publishers have done a good part in the getting up: the binding is good, the paper and typography good. We notice a few vexatious errors in print, but the general appearance is attractive and satisfactory.

For sale by Robert E. Clarke & Co., Cincinnati.

---

*Medical Communications*, with the Proceedings of the Sixty-ninth Annual Convention of the Connecticut Medical Society, held at New Haven, May 22nd and 23rd, 1861.

The annual volumes of Transactions of the various medical organizations of the country have assumed a marked degree of character and value within a few years past. Many of these are rather local in their

importance, but most of them contain matters of interest to the whole profession. In the present volume of Communications of the Connecticut State Society, we find first an interesting essay on *Life*, by Dr. Ashbel Woodward—it is the annual address of the author as President of the Society; next follows an essay on *Hereditary Predisposition*, by Dr. J. B. Lewis; then the *Sanitary Report* of Dr. L. S. Wilcox. Biographical notices of Drs. William Tully, George Seymour, Frederick W. Shepherd, Anson Moody, Reynold Webb, and William S. Pierson, are also incorporated in the volume. The general proceedings for the year, the list of officers, members, and sundry reports, all of local interest and character, complete the contents.

---

### Editor's Table.

---

*The New Corps of Brigade Surgeons.*—As the war for the Union progresses, everything pertaining to its medical and surgical features acquires increased importance. The “brigade surgeons,” which are to be appointed in accordance with the report of the Board of Examining Surgeons now holding its sessions in Washington City, will become a very important part of the surgical staff of the national army. Political preference and personal relations have had too much to do with the granting of “permits” to this examination, and the time may come for holding some of our public functionaries—from the Hon. Secretary of War, down to the representatives of the dear people, to a rigid account for certain manifestations of favoritism. Still the examiners are undoubtedly strict, careful and honest; and this affords sufficient guarantee in the main for the character of those who bear and will pass its ordeal, and we feel confident that the appointees will be well qualified, and for the most part accomplished medical men.

The *American Medical Times* has an article on this subject so well timed and judicious in its suggestions, that we transcribe from it liberally. Thus in reference to the requirements and deportment of the Brigade Surgeon, the *Times'* remarks are to the point:

“The Brigade Surgeon will be on the staff of the commanding general. He must, therefore, be his confidential medical adviser in all matters relating to the personal and general health of the command. He will be chief of the regimental medical staff, and the responsible sanitary officer. It will be his duty to exercise a vigilant and wise foresight in providing against probable and possible contingencies; to

see that the medical officers are furnished with the means for the correct and exact performance of their duty ; to make the life, health, and physical welfare of every soldier his personal and anxious care ; and to inspire the officers and men with that confidence and respect which are sure to follow the able, intelligent, and conscientious performance of duty. He should live on terms of friendship and well-bred cordiality with his brethren of the general staff, and cultivate the closest professional relations with the regimental medical staff ; he should jealously guard their interests, rights and reputation, and maintain among them a high standard of professional zeal and courtesy, and faithfully record and report every meritorious and heroic act.

“ When the Brigade Surgeon is assigned to duty, he should report to the General commanding in full uniform, and completely appointed in all respects. He should be well mounted, and attended by a first-rate body servant. His saddle, bridle and shabrack should be according to regulations, and of the best kind and quality. He should wear uniform always when on duty with troops, and observe scrupulous neatness in his personal appearance. His servant should be a good cook, be able to cut hair, groom a horse, take care of clothing, and wash when necessary. He should be strong, healthy, honest and cheerful. An officer filling an important and responsible position, should never be annoyed or fatigued by personal details or by doing anything for himself which can be done by a servant. It is of great importance to a medical officer that he preserve the softness of his hands and the sensibility of the ends of his fingers, as the finger is the best probe in gunshot wounds, and is the surgeon's eye in the deep, dark and bloody chasms made by shot, sabre and shell. For this reason he should be careful of the use of his hands, and always wear in riding thick buckskin gloves.

“ His relation with the General will be that of an adviser purely. If the General sees fit to disregard his advice, and disaster follow, the responsibility will rest with him and the military necessities of the case. All official communication should be, as a matter of course, in writing, and carefully recorded.

“ The relations of the Brigade Surgeon and the regimental staff will be more complicated, as they will combine the rights and independence inherent in the republic of science with the authority appertaining to military rank. Any difficulty or collision, however, can be avoided by mutual justice and good-will ; and the Brigade Surgeon, if he is ever called upon to exercise despotic authority in a professional matter, will of course assume the entire responsibility. Immediately upon entering on his duties, and when the regimental staff have reported to him, he should invite them to his quarters for friendly, informal, professional conference. If no military reasons prevent, a society for mutual improvement should be formed, in which individual experience could be collected, condensed, and rendered available for present guidance and future publication. All the new and more important points in military surgery should be discussed, the rules of operating and the surgical anatomy of operations rehearsed, and the recent works read and considered, point by point and case by case.



"The Brigade Surgeon must be prepared to furnish the latest scientific information, and give advice and assistance in any case of difficulty or danger. For these objects, he should be provided with the latest and best scientific books, and with a complete case of instruments, which must contain everything which can possibly be required.

"Among the indispensable books should be included a set of small-sized, but excellent plates of surgical anatomy: Gray's Anatomy, or Ellis's; Fraser on wounds of the chest; Williamson on gun-shot wounds; Guthrie (last edition); Bernard and Huette, Stromeyer, Esmarch and Staham; Tripler and Blackman; Prof. Hamilton's book; Lyon's Hand-book of Hospital Practice; the Reports of the British Sanitary Commission to the East, in 1855 and 1856, McLeod's Notes on the Surgery of the Crimean war. A Dispensatory, Anatomy, and Practice should be found with every regiment.

"As a general rule, where time is allowed, the same law should be observed in the brigade, which obtains in first-class metropolitan hospitals—that of a general consultation on all capital cases. It must be a very rare case in which the surgeon-in-chief will be called upon, in virtue of his rank, to decide against the sense of a general consultation. As a rule, no capital operation, excepting on the field, should be performed without his sanction, and not then, when he is present.

"On the eve of a battle, the brigade-surgeon and the regimental staff should meet for final deliberation, and systematic disposition of the force and means at their command. If possible, there should be but one field hospital for the brigade. The site will be selected by the general, and there the best operators and the best anatomists should be stationed, with proper assistants. Assistant-surgeons should be detailed to follow up the line of battle, accompanied by hospital orderlies and ambulances or horse litters, to succor the wounded as they fall, and to select the cases to be sent to the field hospital. Every medical officer on this duty should be provided with the means of stopping hæmorrhage. He should have artery needles in his pocket-case, and persulphate of iron in the hospital knapsack, besides a store of brandy, morphia and opium, in convenient forms for instant administration, and an ample supply of chloroform. This honorable and heroic task should be shared by the assistant-surgeons in turn, and should, according to circumstances, be personally supervised by the brigade surgeon. It will be an immortal honor to have tied an important artery and saved an ebbing life under a fire of grape and canister. With every train of wounded dispatched to general hospital in the rear (often many miles) a medical officer should be sent, well supplied with the means of supporting life, checking accidental hæmorrhage, and relieving pain. As soon as a battle commences, beef-tea should be prepared in large quantities by cutting up the beef of the horses which have been killed, in lieu of ox-beef, if that is absent or scarce, in a barrel, and adding hydrochloric acid and water. The wounded, in the painful journey to the rear, and awaiting operation, will be wonderfully sustained and refreshed by this fluid nutri-

ment, and the horrible thirst of the wounded (which is but acute hunger) will be effectually and most advantageously appeased. The mortality, after field operations even of the gravest character, will be diminished in a remarkable manner if sufficient support and nutrition are supplied between the two points of injury and operation, and the reception into general hospitals. If the veins are supplied with healthy nutrition, they will have less temptation to absorb pus.

"It is worthy of consideration, whether a code of signs can not be adopted, by means of which the surgical history of each case can be written with a pencil of nitrate of silver upon some parts of the cutaneous surface, to be transcribed and rendered by the hospital surgeon who receives it. At all events, when possible, an assistant surgeon should act as recorder at the field hospital, and take the necessary notes of each case presented and operated upon.

"The Brigade Surgeon should not rest after a battle, until he is satisfied that none are left on the field who can be relieved; and he should detail a medical officer to superintend the burial of the dead from humane, as well as sanitary considerations. It is unnecessary to add, that wounded enemies are to receive the same surgical care and attention as friends, with the single exception that the latter have precedence in order of time."

---

*The Military Hospital of Cincinnati.*—This Hospital, under the charge of Dr. W. H. Mussey, assisted by Drs. John A. Murphy and Chas. L. Avery, has been the means of doing a great deal of good to the sick soldiers. More than one hundred and twenty patients have been received and treated. Of this number, two have died. One was brought to the hospital in a dying condition, and the other succumbed from bronchitis, the sequel of measles. At present some sixty patients are under treatment, suffering with dysentery, diarrhoea, pneumonia. There are also several who have received accidental wounds, on the railroads, and from the careless use of firearms. The probability is that the Government will take the hospital under its charge. The citizens of Cincinnati, as also some good people from various interior towns of the State, deserve all praise for their liberal contributions. The ladies of the city, especially, are deserving of the greatest regard for their labors in nursing the sick soldiers. Dr. Wright, Medical Director U.S.A., has inspected the hospital, and expressed himself in the highest terms of the equipment, medical direction, nursing and care of the hospital. Every thing done has been a free-will offering for the sick of our brave soldiers. At present, there are in the hospital soldiers belonging to the Fourth, Tenth, Twelfth Ohio Volunteers; the Fifteenth and Seventeenth Indiana, the First and Second Kentucky, and the Second German Regiment of Cincinnati. We can not omit to mention the handsome sum realized from a concert given

by the Cecilia Society of the city. A concert is also about to be given in Pike's Opera House, as we go to press, at which some two hundred persons of the best talent have volunteered. We are thus particular in our statements of this hospital, as many of our readers are more or less interested, and from the fact that certain persons connected with the army did all in their power to break it down. By publications in the daily press and by false representations to the officers of the various regiments, by these persons, many sick soldiers were kept in Camp Dennison, in miserable buildings, until their health is permanently impaired, and were at last sent to the hospital. In due time we shall give names and facts, when we feel sure these persons will receive their proper estimate from the people.

---

*The Board of Health and Health Officer of Cincinnati.*—Since our last issue the City Council has repealed the ordinance organizing the Board of Health and appointing a Health Officer. The ostensible cause of this action is the necessity of economizing the public funds. Great dissatisfaction has existed in the profession and the public with the law, and particularly so in regard to the manner in which the Health Officer was appointed. Much as the city needs the services of a well educated and competent health officer, we do not imagine it will suffer much from the repeal of the late ordinance, and the abolition of the office of Health Officer. The desire has and does exist that some competent medical man should fill the office, and that he should devote his entire time to its duties. This the late officer did not do. The intention of those who urged the passage of the ordinance was expressed to this effect to the Council.

We hope the day is not far distant when we shall have a Board of Health organized, composed of intelligent gentlemen who know something of sanitary science. When this is done we shall have a competent person appointed as health officer, whose advice, suggestions and reports will be of some service to the city. Although the city is one of the most healthy in the country, much remains to be done by which the average mortality might be decreased.

---

*A new Medical Journal.*—We have just received the first number of the *Buffalo Medical and Surgical Journal and Reporter*. It is a neat monthly of thirty-two pages, edited by Julius F. Miner, M.D., Surgeon to the Buffalo General Hospital, and published at the very moderate price of one dollar per annum. The first number appears well, and we place it on our exchange list with pleasure.



*Army Surgeons in the Field.*—From a recent statement we learn that, from the beginning of the Indian Mutiny until the fall of Lucknow, the number of surgeons and assistant surgeons killed and wounded in action was 17. There were killed at Lucknow alone, 2; wounded severely, 2; total, 4. Killed at Jhansi, 1; severely wounded, 1; both in the same regiment. Of the Arrah party, after the other two officers were killed, Assistant-Surgeon Clarke of the Thirty-fifth Regiment commanded until he was himself mortally wounded. It was Surgeon Hone (Victoria Cross,) of the Ninetieth Regiment, who commanded the party of Coolies when cut off from the column at Lucknow; and it was Assistant-Surgeon Wilson, of the Seventh Regiment, who saved the life of the Duke of Cambridge, at Inkermann. It is then fairly asked, why are not Army Surgeons equally rewarded with other officers, since they are equally exposed? Why should there be no brevet, which is at least harmless in its operation? There was one in the late Company's service at last, and we concur in the regret expressed that it is not still in force.—*London Lancet.*

---

*A New Year for the Cleveland Medical Gazette.*—The subscribers to the *Cleveland Medical Gazette* will bear in mind that a new year begins with the July issue. Those who have remitted to Dr. Weber for their second year, will take due notice and govern themselves accordingly, that such payment expires with June of this current year. Subscribers may forget this, inasmuch as, from convenience to all parties, a new volume was begun with January, 1861. The subscribers to the *Lancet and Observer* and *Cleveland Medical Gazette* have had more matter each month of the present year, by about eight pages per month (in quantity) than was agreed upon; and, as we still give full matter and try to be as prompt in all respects as possible, we trust each subscriber of each journal will make unusual exertion to sustain the publishers in this time of pecuniary trial and embarrassment.

---

*Dr. Henry Martin*, of Roxbury, Mass., was some time since ordered to Fortress Monroe, to superintend the vaccination of troops. Gen. Butler has very wisely placed the entire matter of inspecting, vaccinating and revaccinating all the troops under his command, under the supervision of Dr. Martin, who is eminently fitted for the performance of this duty, having given his special attention to the subject of vaccination for a number of years, and his arrangements being such as to secure him an abundance of fresh virus at all times.

*Appointments in the Army and Navy.*—Drs. Thos. J. Kearney and Goddard, of Cincinnati, have been appointed Assistant-Surgeons in the Navy, and have been ordered to the gun-boats at Louisville.

Dr. Nixon, of Columbia, Hamilton Co., has been appointed Surgeon to Col. John Groesbeck's Regiment; Dr. McArthur, of Wilmington, Clinton Co., has been appointed Assistant-Surgeon.

Dr. Saal, of Cincinnati, a homœopathist, has been (we are informed) appointed Surgeon to the Second German Regiment, Col. Moore, of this city. We imagine the War Department will have something to say of this appointment.

We understand that Dr. Greenleaf, late Assistant-Surgeon of the Fifth Regiment, O.V., having passed an examination before the Army Medical Board in New York city, has been commissioned an Assistant-Surgeon, U.S.A.

Gov. Yates, of Illinois, has appointed the following gentlemen an Examining Board for applicants for Surgeons and Assistant-Surgeons to the Illinois Volunteers in the U. S. service: Prof. H. A. Johnson, Chicago, President; Drs. Boyan, (Sycamore), Davis, (Paris), Roskoden, (Peoria,) and Wing, (Collinson.)

Dr. Wm. J. Dale, of Boston, is Surgeon-General of the forces of Massachusetts.

---

*Braithwaite's Retrospect for July, 1861.*—Published by W. A. Townsend, 39 Walker street, New York, is on our table. We need say nothing of this reprint, so valued and familiar has it become to the entire profession.

---

*Dr. Bly's Artificial Legs.*—In our last issue we called attention to the circular of Dr. Bly, who has opened an office in Cincinnati for the manufacture of artificial legs. By a mistake the circular only appeared in a limited portion of that number. The mistake is corrected this month, and our readers are again referred to the circular, as it appears connected with our advertising sheet.

---

*Medical Examining Board for the State of Maine.*—We learn from the *Boston Medical and Surgical Journal*, that Dr. Alonzo Garcelon, Hospital Surgeon, Dr. H. H. Hill, of Augusta, Drs. Wm. Wood and J. T. Gilman, of Portland, and Dr. J. C. Bradbury, of Oldtown, constitute the Medical Board of the State of Maine, to examine candidates for appointments as surgeons and assistant-surgeons of the regiments of that State.

*Prof. H. R. Cushing*, who has gone with the army as surgeon to the Seventh Regiment of our State Militia, will return in time to fill his chair in the Cleveland School at its next session.

---

*Obituary.*—HENRY GRAY, the eminent anatomist, and author of the popular text-book, died, recently, in London, of confluent small-pox, aged thirty-six.

—In Zanesville, Ohio, April 29th, WASHINGTON MOOREHEAD, M.D. The deceased was an old and highly respected practitioner.

---

*Medical Officers of Public Boards of Philadelphia.*—On the organization of the Board of Prison Inspectors, Philadelphia, Dr. J. B. Biddle was elected President. On the same day, July 3d, the Board of Health also organized by electing Dr. Paul Beck Godard, President, and Dr. James McCrea, Secretary.

---

*Ohio Military Surgeons—Their Examinations.*—Having remarked some time since that these examinations were conducted by written questions and answers, a correspondent wishes to know the character of these questions. It would be difficult to answer this query if we had the whole lists before us. Each group of candidates had the same list of questions; but each separate or fresh group had, of course, a fresh list of questions submitted.

---

*Changes in the Faculty of the Cleveland Medical College.*—Prof. John Delamater has been appointed Emeritus Prof. of Midwifery and Pathology. The friends and patrons of the Cleveland College will rejoice to see by this that the venerable Delamater still retains his connection with this Institution. His health will not permit him to give an entire course on his department, but he will continue to give a goodly number of lectures on some of his favorite subjects. Long may he thus be spared to disseminate the fruits, if only in fragments, of experience gained by the faithful and conscientious professional labors of more than half a century.

Dr. H. R. Cushing, formerly Adjunct to the Chair of Midwifery, has been appointed Prof. of Midwifery and Medical Jurisprudence.

Dr. J. J. Delamater, Prof. of Materia Medica, has resigned, and Dr. Alleyne Maynard appointed to fill the vacancy. Prof. Maynard's qualities as a gentleman, scientific physician, and a fine and eloquent speaker, will establish for him soon an enviable reputation as a teacher of medicine.



Dr. S. G. Armor, of Dayton, has accepted the chair of Institutes of Medicine and Materia Medica in the Medical Department of the University of Michigan. This creates a vacancy, again, in the Medical College of Ohio; we have not heard any name announced to fill the place.

---

*Decennial Index to the London Lancet.*—The American publisher of the *Lancet* has just issued a Decennial Index of that journal, embracing the years 1851 to 1860. This will prove valuable and convenient to the old patrons of the *Lancet*, as a matter of reference. It is mailed, postage free, on receipt of the price, *fifty cents*, by Mr. J. Herald, 24 Ann street, New York; and, as we understand, it is mailed free to those regular subscribers who receive their copies direct from the publisher.

---

*Southern Exchanges and Postal Facilities.*—Postal facilities being suspended with the seceding states, has made a serious derangement in the affairs of journalists. We have had a paying list of Southern subscribers for many years that we feel loth to part with; we shall retain sufficient numbers of our journal to complete the files of these subscribers, and mail to them upon the return of peace. We greatly miss our Southern exchanges also; some of them are honorable, high-toned and valued friends, and we look forward with sincere anxiety to the time when we shall be again able to welcome their familiar faces to our editorial table.

---

—Gutta-Percha was discovered by Dr. Montgomery, an English physician, while traveling among the Malays.

—The French Emperor has forbidden any more experiments by *vivisection* in the Schools of France, and particularly in the Veterinary School at Alfort.

—The *London Medical Times and Gazette* says, that in reply to the circular of the Boston Society for Medical Improvement, Dr. Kidd has sent to the Secretary the particulars of thirty-six deaths from inhalation of sulphuric ether, two from inhalation of nitric ether, and two from amylene. Dr. Kidd agrees with M. Trousseau, that ether is one-third more safe than chloroform as an anæsthetic.

—The health of the troops in Western Virginia continues good. From reliable information received from the regiments enlisted in this city (Cincinnati), the Fifth, Sixth, Ninth and Tenth, (all three years men,) the health is remarkable. The Second German Regiment, *en route* for Washington, departed in excellent condition, leaving but five

in the military hospital. This sanitary state is very remarkable when we remember that the troops have been exposed to great hardship.

—One of that class of charlatans who disregard all palpable forms of deception, and at once appeal directly to man's love of the marvellous, is just now turning the heads and rifling the pockets of the chronics and cripples of New York. He discards all remedies, and relies entirely upon the touch of his inspired fingers. He is very devout, and is, of course, anxious to use this divine power for the good of his fellows. His door is besieged alike by the poor, and the rich, who find ready admittance. Although he has practised his art for several weeks, there is no marked diminution in the number of the incurables, and still the public furor continues unabated, fanned by the daily papers. Such credulity and actual stupidity as are manifested by those who become dupes of this impostor, are humiliating to witness.—*Am. Med. Times.*

—We are glad to find that the Surgeons and Assistant-Surgeons of the army have shown their bravery, and fidelity to their patients, in the late battle at Bull's Run in Virginia. We learn from the reports in the papers, that several of them refused to leave the sick and wounded on the field and in the hospitals, and were consequently taken prisoners. All honor to them. Little will be heard of the brave deeds of medical men in the daily papers, and it gives us pleasure to have to record this fact. Among the deeds of daring, of courage and heroic suffering, we feel assured the medical staff will win laurels and honorable mention. We had laid aside the names of those faithful surgeons who refused to leave their patients, but have misplaced them. We shall give them in our next number.

—A case was recently tried in an interior town, in which the defendant, a quack, was charged with malpractice, in the treatment of disease of the uterus. It was alleged that he was accustomed to diagnose a tumor of the uterus in every case, and that on the first examination he would contrive to introduce, unobserved, a piece of raw meat. He then began to make local applications, and in due time, after much offensive discharge, and no little discomfort, the offending substance would escape, to the great relief of the sufferer. In this case the patient was struck with the resemblance of the tumor to a piece of meat, and took it to a physician, who submitted it to a microscopical examination, when its nature was discovered. The result of the trial was a verdict of \$1,000 against the defendant.—*Am. Med. Times.*

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

### PRACTICAL MEDICINE.

1. *Treatment of Gout.*—Trousseau conceives the following combination, proposed by M. Bequerel, to be the most efficient : sulphate of quinine, twenty-two grains ; extract of colchicum-seeds, eight grains ; extract of digitalis, four grains ; divide into ten pills. Two or three of these pills should be exhibited in the course of twenty-four hours for two, three, or four successive days. The success is sometimes wonderful, the excruciating pain of a genuine acute paroxysm yielding in seven or eight hours, and the attack itself subsiding in two or three days.—*Dublin Medical Press.*

2. *Iodide of Iron in Phthisis.*—Having administered the syrup of iodide of iron, mixed with water, to twenty-five consumptive patients, Dr. Cotton establishes these conclusions. The syrup, in doses of one drachm twice or three times a day, occasionally produces headache with some dyspeptic symptoms ; but for the most part it agrees well with consumptive patients. Although very far from exhibiting what might be termed a specific effect, it nevertheless seems to act very beneficially in a fair number of cases, especially where the disease is only in an early stage. Under its influence, the patient's weight is generally increased.—*Med. Times and Gazette.*

3. *Remarks on Dyspepsia.*—Believing excesses in diet and drink to be the prime causes of this disease, Prof. J. C. C. Blackburn bases the treatment upon a strict observance of the laws of hygiene. The patient should at once cease from dallying with the causes and confine himself exclusively to such articles of food as will be easily digested. Medicine is not of much avail, although it may become necessary to assist nature by well-directed medicinal agents, for the injuries sustained by excesses may be beyond the recuperative powers of nature. When this is the case, however unfortunately for the guilty culprit, his malady is beyond executive clemency, and he must make up his mind to grin, grunt and endure, to the bitter end, the penalty of the law. All curable cases are within the reach of nature's own laws [?].—*Oglethorpe Med. and Surg. Journal.*

4. *Treatment of Diphtheria.*—Dr. John O. Brunson, late professor of anatomy, New York, found tincture of aconite and muriate of ammonia of almost specific effect in four cases, three of whom were adults. He prescribed as follows : Tincture of aconite root, half a drachm ; pure water, four ounces ; a teaspoonful to be taken every hour. Muriate of ammonia, two drachms ; pure water, six ounces ; to be used as a gargle every two hours. In every case a speedy relief followed, and all the patients recovered in a few days. As soon as the inflammation was gone, they took sulphate of quinia, one scruple ;



sulphate of iron, twelve grains ; extract of nux vomica, six grains ; divide into twenty pills, of which one should be taken three times a day. For the child, the tincture of aconite was reduced to six drops, and the gargle used as a lotion by means of a probang.—*Amer. Med. Monthly*:

Prof. H. L. Byrd applies two or three leeches over the parotids, if the child is strong and robust, and much heat and tumefaction is observed about the throat and neck, taking care, however, to arrest the hæmorrhage as soon as the leeches drop off. A plaster of common tar, mixed with a little olive oil or lard, is next spread upon a piece of cloth two or three inches wide and five or seven inches long, and a thinly carded bat of fine cotton, or a piece of cotton wadding, is laid over the surface of the tar ; this is applied to the throat, and secured by a bandage or handkerchief over the top of the head. Where the child is not robust, this plaster is the first remedial procedure. Next comes a powder of calomel and ipecac, from one to two grains of the former, with one-eighth to one-quarter of a grain of the latter, according to age, every two hours during the stage of febrile excitement. As soon as the skin grows soft, a dose of from one to two teaspoonfuls of castor oil, and from six to twelve drops of spirits turpentine, should be given. After the action of the oil and turpentine, from one to two grains of citrate of quinine and iron are administered every two hours. Should secondary fever arise, the calomel and ipecac are resumed, and the same course pursued as in the first instance, except that oil and turpentine are given every morning. The only unpleasant effect observed in connection with this method has been occasional irritation of the bowels, which is readily overcome by Dover's powder and chalk. When debility or prostration ensues, or where the case has presented the asthenic type from the beginning, essence of beef, mutton broth or oyster soup are resorted to, with as much red pepper as the patient can be induced to take. Wine whey, freshly prepared two or three times a day, is to be used as often as the system may seem to require its sustaining influence. Veratrum might probably be used with much advantage, to lessen the momentum and force of the arterial circulation, in the sthenic variety of the disease. The throat claims regular and proper attention throughout the entire case. Occasionally, in sudden attacks, Prof. Byrd has used nitrate of silver, either in the solid form or in strong solution ; generally, however, he prefers muriatic acid, which may be applied in its strength, or diluted with water, as occasion demands. A camel's hair pencil, or other soft brush, should be used for this purpose. It will seldom be necessary to make more than one application of the strong acid, during the twenty-four hours. A gargle should be applied afterward, every two or three hours, prepared in this manner : to half a pint of strong sage, blackberry root, or oak-bark tea, add two drachms of powdered alum or borax, from half an ounce to one ounce of pyroligneous acid, and two tablespoonfuls of honey. Apply with a camel's-hair brush, or a soft mop made of cloth, where the child is too young to gargle. Should the disease extend to the posterior parts of the nose, this mixture may be injected through the nostrils, by means of a small syringe, several

times a day. In aggravated cases of this character, a solution of ten or fifteen grains of nitrate of silver to an ounce of rose water has been substituted with satisfactory results. When the tar plaster produces too much irritation, more soothing applications should be used. Prof. Byrd never saw or knew a recovery after the application of fly blisters to the neck. Emetics may be used occasionally to free the trachea and larynx of accumulated offensive matter; their prostrating effect must be counteracted by proper stimulants and other restoratives. In complication with scarlatina or erysipelas, the muriated tincture of iron is a valuable remedy. From three to eight drops, according to age, may be given in a little flaxseed tea, three or four times a day. Other complications are to be met by such remedies as are suited to them.—*Oglethorpe Med. and Surg. Jour.*

Dr. J. C. Calhoun, of Ringgold, Geo., writes that the following treatment has proved very efficient in his neighborhood: Two tablespoonfuls of fresh tar, mixed with the yolk of an egg, are spread on a piece of coarse cloth, covered with a piece of old muslin, and applied to the throat. This plaster is renewed every eight hours. Adults use a strong decoction of cayenne as a gargle every two hours; children have a weaker decoction applied to the throat with a mop. This, together with keeping the bowels in a soluble condition, will as certainly cure diphtheria as quinine will arrest intermittent fever.—*Nashville Jour. of Med. and Surg.*

5. *Tannic Acid as a Local Remedy in Diphtheria.*—Dr. S. S. Seoville, of Bethel, Ohio, treated some twenty cases of diphtheria with tannin in solution, from ten to twenty grains to the ounce of water, according to the severity of the attack. This was applied to the throat every three or four hours, by means of a swab or probang. In regard to general treatment, "the case made the remedy." Sulphate of quinine and chlorate of potassa were used in almost every case, but the first-named not often until the acute symptoms began to disappear. Average time that medical attention was necessary, six days; relapses two, deaths none. While Dr. Seoville, from this experience, regards tannic acid as one of the best local agents in diphtheria, he yet admits that it proves of little value in young children where the disease becomes croupy.—*Ohio Med. and Surg. Jour.*

## SURGICAL.

6. *New Method of Treating Anthrax.*—Dr. R. T. Blackley relates (*Dubl. Med. Press*) a case of anthrax with a view of illustrating a new mode of treatment, which he recommends. He found in the country a worn-out old man about sixty years of age, with an enormous anthrax between the scapula and the spine. The doctor made a full and free crucial incision through the tumor and ordered a large poultice. The next day, while examining the slough, the idea presented itself, that the slow process of its separation would destroy the life of the patient, while it might be possible to save the same by artificial separation of the morbid mass. Taking a forceps and scissors, Dr. B. ripped away

the entire slough from the sound parts, going as close as possible to the latter without wounding them, and drawing the edges of the wound into contact with adhesive plaster, he covered the whole with a bandage. In a couple of days the edges of the wound were united through two-thirds of their extent, and in the course of a week, with the assistance of porter, wine and animal food, a central wound not larger than a florin, and on the high road to cicatrization, remained.—*Amer. Jour. of the Med. Sciences.*

7. *Anesthetic Properties of Bromide of Potassium.*—Dr. Guersant, surgeon to the Paris Hospital des Enfants Malades, has found that the administration of this salt in subdivided doses, to the amount of ten grains daily for a certain period, will produce a state of anesthesia, more or less complete, in all the parts in the neighborhood of the throat and pharynx, enabling the surgeon to perform any operation on these parts without the employment of chloroform.—*London Lancet.*

8. *Iodized Liquid for Disinfecting Wounds.*—Dr. Marechal, of Calve, prescribes: Iodine, fifteen and a half grains; iodide of potassium, thirty-one grains, distilled water, three pints. Apply compresses soaked in this liquid to the wounds, changing them several times a day, or, without changing the compresses, keep them saturated with the iodized solution.—*Druggist, from Répért. de Pharm.*

9. *Vapor of Iodine against Indolent Ulcers.*—During the last three years, nearly all the indolent ulcers occurring at the U. S. Marine Hospital at Philadelphia have been treated by the vapor of iodine. The result has been more satisfactory than with any other method. The advantages thus obtained are: cleanliness and facility of application, rapidity of cicatrization and destruction of the odor, the iodine acting as a disinfectant like chlorine. The manner of using it is as follows: dress the ulcer with simple cerate, spread on lint; take from one to four grains of iodine, according to the size and degree of indolence of the ulcer, folded in several layers of lint, and place it over the first layer; cover this with a piece of oiled silk and tin foil, which should be large enough to extend beyond the edges of the ulcer, and secure them by a roller. The warmth of the member speedily vaporizes the iodine, and a sensation of warmth is perceived by the patient on the ulcerated surface. If applied in too large quantity, or too directly on the surface, the iodine acts as an escharotic. Care is therefore required in this respect.—*North Amer. Med.-Chir. Review.*

10. *Reduction of Luxations of the Head of the Humerus by Manipulation.*—Prof. H. H. Smith has found appropriate manipulation, without extension or counter-extension, the best means of reducing the luxation named. Judicious elevation and rotation of the humerus overcomes the contraction of the muscles and causes the bone to return to its proper place. Elevate the humerus as much as possible, or at least to a right angle with the body, and flex the fore-arm at a right angle with the arm, so that the palm of the hand will present to the patient's abdomen. Then seizing the wrist with one hand, and the surgical neck of the humerus with the other, use the fore-arm as a



lever and rotate the head of the humerus upward, outward and backward, until the palm of the patient's hand looks upward and a strong resistance to further rotation is felt. Then bringing the elbow slowly to the side, and keeping the humerus parallel with the middle line of the axilla, rotate the head of the humerus upward and forward by reversing the motion on the fore-arm until the palm of the hand again looks downward, and bring the elbow to the side during this latter rotation, when the luxation will be reduced. Besides twelve cases successfully treated by Prof. Smith, others equally successful are reported by Dr. Z. H. Wilson of Schnecksville, Pa., and Dr. A. N. Dougherty, of Newark, N. Y.—*Med. and Surg. Reporter*.

11. *Stearate of Iron in Chancre*.—Ricord has employed, for seven months, in the Hospital du Midi, an ointment and plaster of stearate of iron, as a dressing for soft or phagedenic chancres. They have been of great service in all cases where the phagedenic action resisted the numerous means usually employed. M. Braitte, pharmacist of the hospital, gives the following formulæ for these preparations:

*Ointment of Stearate of Iron*.—Take sulphate of iron, 500 grammes; Marseilles soap, 1000 grammes. Dissolve the sulphate of iron in about 1500 grammes of water, and the soap in an equal quantity of water. On pouring one solution into the other, a whitish green precipitate is obtained, which is dried, and then melted at a moderate temperature of 80°–84° R. Add to the melted mass, on cooling, 40 per cent. of essence of lavender, and stir it constantly until it becomes perfectly cold.

*Sparadrap of Stearate of Iron—Braitte's Plaster*.—Take of the stearate of iron, obtained by the process directed above, q. s.; melt it at a moderate temperature, and spread it on muslin like the ordinary sparadrap.—*Jour. de Pharm., Savannah Jour. Med.*

## MATERIA MEDICA.

12. *Disinfected Cod-Liver Oil*.—Antier and Chevriert have succeeded in removing the disagreeable smell and taste of this remedy, without impairing the medicinal or nutritive properties of the same. Leriche, assistant professor at the School of Pharmacy of Paris, has carefully analyzed the disinfected oil and has found it entirely unchanged, as far as its medicinal efficacy is concerned. Trials on a large scale are now being made in the Paris hospitals and in many parts of France.—*L'Union Médic.; London Lancet*.

13. *Dugong Oil*, some time ago recommended as a substitute for cod-liver oil, seems to be largely adulterated, as the present supply, in spite of a better organized fishery, is far from corresponding to the demand. Dr. Hobbs, the introducer of this oil, states himself, in the *Melbourne Argus*, that during a given period, little more than a hundred gallons were got from the Bay, but one hundred and fifty gallons sold weekly in Sidney and Melbourne. From the examination of three samples, two obtained in London and one imported directly, W. T. Tewtrell comes to the conclusion that two out of three specimens of commercial

dugong-oil are entirely factitious, being probably mixtures of a vegetable oil with some solid animal fat. Besides, it does not seem to possess any decided advantage over cod-liver oil, and its principal recommendation in Australia is its being a colonial product. An extensive export will be prevented by the high price of the article, and it looks as if the animal furnishing the same was going to be destroyed in a few years.—*London Chem. News.*

14. *Propylamin*, the new remedy for rheumatism introduced last year by Dr. Awenarius of St. Petersburg, has been tried during nine months by several physicians at Alexandria, and the result is, as Dr. H. Stabler says, that "it established its reputation among us as an indispensable remedy." It has been administered in fifty cases, with the most marked effect, seldom failing to give relief in twenty-four or thirty-six hours in acute cases, and a longer time in chronic rheumatism.—*Journ. of Pharm.*

How is it with the employment of this agent on our continent? Have no trials been made, yet or is the experience gained not ripe for publication? We would like to hear a little about the efficacy of this drug. One case, in the practice of Dr. Quittenbaum, Cleveland, resulted negatively, but the propylamin was given in the undiluted state, and the diagnosis was rather doubtful. Besides the chances of seeing here proper cases have greatly increased since the introduction of Russian steam-baths.

15. *Sanguinaria Canadensis* (*Bloodroot*).—In an essay lately read before the Medical Society of London, Dr. Gibb discussed the natural history, properties and medical uses of this plant, which was first referred to in 1635, by Jacob Cornuti. The only officinal part is the rhizome, an analysis of which shows it to contain: sanguinarina (an alkaloid discovered by Dr. Dana, and containing the active principle of the plant); porphyroxin (first extracted by Riegel; analogous to the same principle discovered by Merck in opium); puccine (a third principle first isolated by Mr. Wayne of Cincinnati); chelidonic acid, an orange-colored resin, fixed oil, fecula, saccharine and extractive water, vegetable albumen, liquin and a little gum. Experiments made by Drs. Gibb and Fenwick indicate that bloodroot, in a concentrated form, is extremely irritating, affecting principally the mucous membrane of the stomach and bowels. An excessive quantity acts as a poison and produces violent vomiting, a burning sensation in the stomach, tormenting thirst, faintness, vertigo, indistinct vision and alarming prostration of strength. In regulated doses, its properties are those of an emetic: nauseant, expectorant and diaphoretic. A narcotic, sedative, stimulant and alterative property is occasionally exerted. As an emmenagogue it has long been known, and it is used as an escharotic and errhine. As an emetic and expectorant it is highly valuable in various chest and throat affections, and has been employed in pneumonia, phthisis, bronchitis, catarrh, asthma, croup, diphtheria, cymanche maligna and pertussis. As a diaphoretic, stimulant and alterative, it is administered in many diseases in which sudorifics are indicated. In scarlatina, rheumatism, jaundice, dyspep-

sia, hydrothorax and some other affections its virtues have been praised. In cancer it seems to be inert, but its value locally in many skin affections is undoubted, and it is certain to cure many obstinate forms of head eruptions. Several American physicians testify to its value in some of the stages of pneumonia, and especially in the chronic form. As an expectorant in the first and second stages of phthisis, its action is said to be very reliable; the expectoration becomes easy, the breathing clearer, the spasmodic efforts at coughing less, and even in the last stage some improvement follows the exhibition of the plant. In chronic bronchitis, it acts as a useful expectorant, and is more serviceable than many other remedies. It will allay the cough and irritation in some forms of follicular inflammation of the throat, associated with phthisis or bronchitis, and it is not less useful in the various forms of catarrh, particularly in the chronic, associated with emphysema; also in coryza. The paroxysms of asthma are relieved and their severity and frequency diminished. It is much used in pertussis and croup, and appears to be, as an emetic, well adapted to the croupal form of diphtheria, while in the malignant form of the same disease an acetous decoction of bloodroot, used as a gargle, proves invaluable. Its usefulness in epidemic, malignant scarlatina has been fully tested by Dr. Jennings, of Virginia, in the same form of gargle, and there is some evidence of its good effects in certain forms of chronic rheumatism, and in some hepatic affections. In amenorrhœa it will prove, either alone or combined with other substances, one of the best emmenagogues. The skin diseases which have been cured by it in the form of ointment, are scabies, tinea capitis, impetigo of the scalp and many others. The preparations in use are: powder, compound powder, powder with camphor, infusion, decoction, preserved juice, oil, extract, tincture, wine, vinegar, syrup and ointment.—*London Lancet*.

16. *Globularia Alypum L.*, a small shrub of the South of Europe, was regarded as a drastic purgative by the physicians of the sixteenth and seventeenth centuries. Although their notions were much exaggerated, still the researches of Dr. G. Planchon (*Des Globulaires au Point de Vue Botanique et Médical*, Montpellier, 1859) show that the leaves are a safe, mild and efficient purgative. The best form is a decoction, made by boiling an ounce of the leaves in a sufficient quantity of water for ten minutes. This quantity constitutes a dose, and usually acts in about two hours, producing on an average four evacuations. Neither vomiting, nausea, griping nor other unpleasant symptoms follow, and no subsequent obstipation has been observed in any case. The globularia may therefore be employed in all cases in which a purgative effect is required without irritation of the intestinal canal. It fulfils the same indications as rhubarb, but purges more mildly.—*London Pharmac. Journ. and Transact.*

17. *Phosphate of Lime*.—Starting from the fact established by the investigations of Liebig and Dr. C. Schmidt, that phosphates, and especially phosphate of lime, exert an important action on the formation of cells, and thinking the phosphatic salts to some degree wanting in the blood under certain morbid conditions, Dr. Bencke of



London, resolved to try them against scrofulous affections. He prepared the phosphate of lime by adding phosphate of soda to muriate of lime in solution. Of the product he administered one, two, three grains, according to the age of the patient, twice or thrice a day, to scrofulous children with ulcers, impetigo of the head and ophthalmia. Six cases of which the details are given, show a surprising success. After having resisted in most instances a long and judicious treatment, all the ulcers and the eruption healed in a short time and the case of ophthalmia improved considerably under the internal use of the phosphate alone, no topical means whatever being employed. It is understood, however, that the scrofulous diathesis itself is not ameliorated by this treatment.—*Oglethorpe Med. and Surg. Journ.*

18. *Mesenna*, a new anthelmintic. On the occasion of its presentation before the French Academy of Sciences, this agent was claimed to have the power of destroying the parasite without deranging the stomach or disturbing the functions of any other organ. M. Coutbon, a French naval surgeon, who accompanied an exploring expedition to the Red Sea coasts, says that the mesenna resembles the *Acavia Lebbeck* [1] of Linnæus and should be classed with the genus *Albizzia*. The powdered bark of the tree is used, in doses of one or two ounces, made into a mixture or paste.—*London Lancet*.

19. *Liriodendron Tulipifera*. (Tulip tree, Poplar.)—The bark of this beautiful native tree is a stimulating diaphoretic tonic, with considerable antiperiodic virtues. The cold infusion acts as a diuretic. The bark of the root is to be preferred. Its value in intermittents and other paroxysmal diseases is abundantly established. It has had considerable reputation, also, in the cure of chronic rheumatism and gout, probably from its diaphoretic properties combined with its tonic influence, and the same combination has recommended it in dysentery, especially in the advanced stages, as well as chronic diarrhœa. Formerly, and perhaps at the present time, in some parts of our country, it was employed as a domestic remedy for worms. Dr. Young states (*Eberle's Thérap.*) that he has never known it fail in a single case of this kind. We have reasons, however, to believe that its anthelmintic properties are not greater than those of the bitter tonics generally. Like them it is very certain to prove laxative or cathartic in considerable doses; but, on the other hand, the resinous principle in the bark renders the same somewhat irritating and even cathartic in certain conditions of the gastro-intestinal mucous membrane. In many cases the stomach will only tolerate it when accompanied by a few drops of laudanum or some other opiate preparation. In many parts of the West this bark, in combination with dogwood, is steeped in brandy and taken as a remedy as well as preventive of fever and ague, with marked success.

Dr. Emmet (*Phil. Journ. of Pharm.*, vol. 3, 1832) thought he had found the active principle of the bark in what he called liriodendrine; but the active principle is more probably of a volatile nature. The preparations are: powder, fluid extract, tincture, wine, syrup. The powder, though it has been generally employed, is objectionable

on account of the great quantity required for an efficient dose. A hydro-alcoholic fluid extract, prepared *in vacuo*, would be the most eligible preparation, in doses of from one to three drachms; but a good extract of this kind is yet a desideratum. The tincture, made to complete saturation, answers well as a stomachic tonic, and the same remark applies to the wine, if prepared with good sherry or madeira. The syrup is best prepared from the extract, by adding the usual proportion of simple syrup.—*Journ. Mat. Med.*

#### SOME NEW FORMULÆ.

20. The following five formulæ were sent to the Academy by M. Deleau:

*Syrup of the Perchloride of Iron*.—R. Solution of perchloride of iron, ten grammes; syrup of sugar, 300 grammes; hydrated peroxide of iron, q. s. Mix. A tablespoonful is equal to twelve centigrammes, or about two and two-fifth grains of the perchloride.

*Pills of the Perchloride of Iron*.—R. Solution of perchloride of iron, five grammes; powder (of whatever is desired), q. s.; hydrated peroxide of iron, q. s. Make 100 pills. Each of them contains twenty-five milligrammes of the perchloride.

*Enema of the Perchloride of Iron*.—R. Solution of perchloride of iron, eight grammes; water, 250 grammes; hydr. perox. of iron, q. s. This mixture requires to be shaken occasionally.

*Ointment of the Perchloride of Iron*.—R. Solution of perchloride of iron, 8-24 grammes; lard, 30 grammes; oil of sweet almonds, q. s.; hydr. perox. of iron, q. s.

*Sparadrap of the Perchloride of Iron*.—R. Concentrated solution of isinglass, 120 grammes; solution of perchloride of iron, 30 grammes; hydr. perox. of iron, q. s.

The solution of the perchloride employed in all these preparations, is made, according to M. Paquet, by saturating chlorohydric acid with hydrated peroxide of iron, boiling for some minutes, filtering and evaporating until the solution marks 24 degrees boiling, or 30 degrees cold. This is the *normal solution of the perchloride of iron*.—*L'Abeille Médic.*; *Nashv. Journ. of Med. and Surg.*

21. *Quinic Ether*, by Manetti.—Obtained by decomposing quinate of lime with sulphuric acid in presence of alcohol: one pound of sulphuric acid and forty-four ounces of alcohol of 1.184 spec. grav. are mixed together and poured upon one pound of quinate of lime, contained in a large retort; the whole is thoroughly stirred, and twenty ounces distilled from it over a gentle fire. The first product is to be rectified by distillation through chloride of calcium. The administration of this liquid is effected by inhalation, in doses from fifteen to forty-five grains, and is represented to be very pleasant and efficacious.—*Druggist*; from *Schmidt's Jahrb.*, Bd. 103, 166.

22. *Urate of Quinia*, introduced by Dr. E. Perayre, of Bordeaux. Ten parts of quinia and twenty parts of crystallized uric acid are employed in its preparation. Into a suitable vessel five hundred parts of distilled water are poured and heated to ebullition, the quinia added

and boiled ten minutes; then the uric acid is added in fractions, the mixture agitated with a spatula and the boiling continued for an hour, with the addition of sufficient water to preserve the measure; the liquor is then poured off, filtered, an equal measure of water poured on, boiled twenty minutes and again filtered. Unite the liquors and evaporate to dryness by a gentle heat. A yellow colored salt results, partly amorphous and partly crystallized in brilliant tables, easily soluble in boiling and hot water, much less so in cold water. The author says it cures intermittents better than the sulphate, in a smaller dose, and has less tendency to produce the singing in the ears and cerebral excitement; it is also less bitter and more acceptable to the stomach. Dose: from three to three and a half grains in twenty-four hours.—*Monit. des Sci. Méd. et Pharm.*; *Amer. Journ. of Pharm.*

23. *Double Iodide of Iron and Quinia*.—Dissolve a sufficient quantity of sulphuret of barium in hot water, and filter; add, in small quantities, tincture of iodine, to precipitate the sulphate and form iodide of barium; filter, then warm to evaporate the alcohol and add in small quantities a concentrated solution of sulphate of quinine; filter and add a solution of one pint of proto-iodide of iron (one part to three parts of water.) Upon warming, the iodides of iron and quinia deposit together and form the double iodide.

*Pills of Double Iodide of Iron and Quinia*.—*R.* Double iodide, ten grammes; honey, ten grammes; liquorice, in powder, q. s. Make sixteen pills. Dose: from two to six pills a day. If used in the form of a syrup, the dose is from one to two spoonfuls a day. Much employed in scrofulous affections, chlorosis, pulmonary diseases, etc., and in all cases where cinchona and iron are prescribed.—*Bull. Gén. de Therap.*; *Druggist*.

24. *Pills of Iodide of Iron*.—In addition to the many formulæ already existing for this preparation, the following have been recently published. Dupasquier recommends (*Journ. de Pharm. et de Chimie*, vol. 36, 281) to add honey and gum arabic to a solution of iodide of iron, to evaporate it to a proper consistence, and to form a mass with the addition of marsh mallow. Mr. Blanchard avoids the evaporation, but uses honey. These pills, however, become soft very soon, and as honey is liable to decompose, it will act on the iodide and render the pills worthless. The proposition, therefore, of M. Demique, to substitute sugar of milk for the honey, must be considered an improvement. His pills contain the same quantity of iodide of iron, and almost the same excess of metallic iron as Blanchard's, and if dried well and enclosed in well-stoppered bottles, need no coating for their preservation.

A formula of Mr. E. Lander has been used to satisfaction for some time past: eighty-three grains of pure iodine are gradually added to thirty-eight grains of pulverized iron, moistened with one drachm of distilled water, in a moderately warm mortar. After the iodine is entirely converted into the iron salt, which is shown by its greenish color, three drachms of sugar of milk are added, and with a sufficient quantity (three drachms) of some absorbing powder, a mass formed,



which is divided into two hundred pills. They are dried at 100° F., and coated with ethereal solution of balsam of Tolu, from which all the ether is to be evaporated, before they are put into bottles. Each pill contains half a grain of iodide of iron and one-tenth grain of free metallic iron.—*Druggist, April, 1860.*

From various trials, instituted by Wm. Procter, Jr., with a view of improving the method of making these pills, another recipe has resulted: *R.* Iodine, half an ounce; iron filings, two drachms; water, ten fl. drachms; sugar in fine powder, one ounce; althaea root, in powder, half an ounce; gum arabic, in powder, half an ounce; powdered iron (iron by hydrogen), of each a drachm.

Mix the iodine with a fluid ounce of the water in a thin glass vial, add the iron filings, and agitate them until the solution, on settling, has a clear green color. Mix the sugar, gum arabic and powdered iron in a small porcelain capsule, and filter into the mixture the solution of iodide of iron, yet hot from the reaction, washing the filter with the remainder of the water. Then by means of a moderate heat, with constant stirring, evaporate the moisture, until, on the addition of the althaea, the mixture acquires the consistence proper for a pill-mass. Divide into three hundred pills and coat them with an ethereal solution of Tolu. Each pill contains about a grain of iodide of iron.—*Amer. Journ. of Pharm.*

25. *Manna-Bismuthic Dragées of Iron, or Dragées of Iron, Manna and Bismuth*—By Foucher, pharmacist, of Orleans. *R.* Ferri. pyrophosphat., 0,05 gramme; bismuthi subnitr., 0,05 gramme; mannæ puriss., 0,25 gramme. This is sufficient for one dragée. They are easily chewed, have an agreeable taste, do not irritate the stomach, nor produce constipation; they are also promptly and completely assimilated; in short, they combine all the advantages claimed for preparations of iron, while they present none of the inconveniences.—*Amer. Med. Monthly, from Gaz. des Hôp.*

26. *Bandages of Gutta-Percha and Iron*.—Dr. Pasquier, of Roubaix, has exhibited to the French Academy leaves of gutta-percha mixed with peroxide of iron, which he has long employed in the dressing of fractures and complicated wounds. The leaves soften in boiling water, and may be then readily applied around the limb. After amputation, Dr. Pasquier uses nothing but this gutta-percha—neither charpie, compress or bandage.—*Lond. Pharm. Journ.; Druggist, ii. 2.*

27. *Compound Spirit of Lavender*.—The following is an excellent substitute for the officinal preparation: *R.* Lavender flowers, twelve ounces; rosemary leaves, six ounces; cinnamon, bruised, four ounces; cloves, one ounce; nutmegs, one ounce; red sanders, an ounce and a half; diluted alcohol, twelve pints. Macerate fourteen days; express and filter.—*The Druggist, ii. 1.*

28. *Phosphor-Paste*.—Ten ounces of sugar are dissolved in sixteen ounces of boiling water, to which is added a heated mixture of eight ounces of oil of poppy (or an other vegetable oil) and sixteen ounces of mutton suet. After the whole is well mixed, sixteen ounces of

flour, or as much as necessary, are added to it and well stirred until a uniform paste is produced, which is cooled and immediately mixed with two ounces of Hager's Syrupus cum Phosphoro.—*The Druggist*.

### OBSTETRICAL.

29. *Nature and Treatment of Puerperal Fever*.—According to Prof. Barker, of New York, there is a direct and intimate connection between this disease and true erysipelas, the materies morbi of the latter undoubtedly giving rise to the former. It is a specific disease of the blood, *sui generis*, eminently communicable from one person to another. In what consists the toxæmic condition, is not known; we can only judge of the poison by its effects. The disease is produced by the contagion of erysipelas, by the products of putrescent decomposition, and in some cases by epidemic influences. Though always presenting sufficiently characteristic features, it varies in many of its manifestations in the same epidemic in different localities, and in different epidemics in the same locality. It sometimes overwhelms the vital forces so completely and rapidly as to produce death within a few hours after its onset. All autopsical lesions are the results of the disease, not the disease itself; they differ in different epidemics. Puerperal peritonitis characterizes itself by the absence of pain, venous injection, sero-purulent or sanguineo-purulent, flaky, offensive exudation. The more severe the attack, and short the course of the disease, the fewer are the pathological appearances found. As to treatment, an attempt should be made in the early stages, if possible, at elimination of the materies morbi (venesection or calomel), if the case admits it, which rarely happens. Veratrum viride should be employed to control vascular action, combined with opium—preferred in the form of Megendie's solution—in quantities as large as could be borne. At the same time, the system should be supported by free stimulation, especially in the latter stages; this, though placed last, is probably the most important indication of all. In case of an anticipated epidemic of the disease, Dr. Barker is in the habit of giving quinine as a prophylactic.—*Jour. Mat. Med.*

30. *Lead Poisoning producing Abortion*.—A statistical investigation of Prof. P. Dubois, of Paris, shows that, out of 141 pregnancies in females under the influence of lead, 82 abortions took place; in 4, premature confinement occurred; in 5, the children were still-born; in 20, the children died in the course of the first year, in 8 during the second, in 7 in the third.—*Boston Med. and Surg. Jour.*

31. *Juice of the White Onion curing Ovarian Dropsy*.—In a case related in the *Bordeaux Journal of Medicine*, the patient was fifty years of age, and had suffered two years from encysted dropsy of the ovary. Rational therapeutical measures were resorted to for a fortnight without benefit, and the patient being terrified at the thought of cauterization and puncture, Dr. Venot had recourse to the juice of the white onion, recommended by Serre, Costeo and Larramea. While all other medicines were discontinued, no food or ordinary drink permitted, half a glass of the juice of the white onion was given morning

and evening, in a cup of milk sweetened with sugar. During the day two other cups of pure milk were allowed. In eight days the urine became regularly copious, the swelling of the abdomen subsided, and in a month and a half the patient was rid of her dropsy.—*American Med. Gaz.*

32. *Puerperal Convulsions.*—Dr. S. H. Stout, of Midbridge, Tenn., considers the prime cause of these convulsions to be in the failure of the organic instincts to stop the production of more nutritive material than is needed by the mother's organism, when the foetus ceases to appropriate it. The removal of the superabundant nutritive material by venesection is the remedy for this terrible disease. There is an enhanced excitability of the nervous system, produced by the circulation of a fluid overcharged with nutriment and plastic material. In this state, slight causes (fear, anger, pain, etc.) excite spasms; indeed, they may occur without any exciting cause. Hence the necessity of extensive and repeated bleeding is urged in all cases of puerperal convulsions, no matter whether they appear under the apoplectic or hysterical form, in stout and plethoric or apparently weak and anæmic patients. In five cases, of which the details are given, bleeding and rebleeding were practiced, taking a very great amount of blood, until the convulsions are conquered. All the patients made a good recovery. The usual advice, to deliver forthwith, is declared futile, and a compliance with it in many cases impossible.—*Nashville Jour. of Med. and Surgery.*

On the other hand, the editors of the *Chicago Medical Journal* maintain that excessive blood-letting in puerperal convulsions is not in accordance with the dictates of modern science, but utterly opposed to them. Repeated blood-letting, in the same case, they consider either preposterous or worse. Chloroform or ether, the warm bath, properly selected narcotics, or even stimulants in their modern use, have wonderfully lessened the terrors and dangers of this formerly often fatal difficulty.

33. *Belladonna shortening Labor.*—Dr. B. F. Barker gives a table of 147 cases of labor, in all of which belladonna had been given for the purpose of dilating the os externum by comparatively painless contractions. The extract was given in one-quarter-grain doses, two or three times a day, commencing about two weeks before the end of gestation. Plethoric patients took tartar emetic in combination with belladonna—three grains of the former, eight of the latter, in two ounces of the syrup of orange peel, one ounce of the tincture of orange peel, and one ounce of water; a teaspoonful three times a day. With some the following formula was used: compound tincture of cinchona, three ounces; syrup, one ounce; extract of belladonna, eight grains. Other combinations were prescribed to fill special indications.

A very great difference appeared in the susceptibility of patients to the influence of the agent, and also a great difference in the purity and strength of the article. One would seem to have double the potency of another, without any corresponding difference in the appearance, color or odor. In some cases the dose had to be diminished, but in



most instances it could be gradually doubled, or even tripled. Dryness of the throat, slight uneasiness or giddiness of the head, dimness of the vision, are indications to diminish the dose. Not one of the children was still-born, and in none of the cases was there post-partum hæmorrhage or retention of the placenta. In one, the function of lactation was entirely absent; in two others the mammary secretion did not appear until the fifth day.—*Amer. Med. Monthly.*

34. *Utero-Gestation of Thirty-one Months.*—The following are the particulars of a singular case communicated to the Boston Society for Medical Improvement by Dr. J. M. Buzzell, of Springfield. The mother, aged 42 years, had had five children by her first husband. A year after his death in 1850, she married a second time. After several miscarriages she became, in November, 1857, convinced that she was again pregnant, from the quickening and other usual signs of pregnancy. By great care on her part she went the full period of pregnancy before any symptoms of labor appeared. At the time she expected to be confined her breasts filled with milk, and her nurse was obliged to draw them for several days. In April, 1858, pains came on, but without much force, and soon subsiding again entirely, never to return as the labor-pains, although she had for two months afterwards occasional attacks of pain in the sides. She had menstruated some two or three times during the nine months of gestation, as had been the case once or twice before during pregnancy; afterward the catamenia appeared at irregular intervals up to the time of her death, although the quantity was small. She enjoyed, to all appearance, good health up to October last, was fleshy and capable of performing considerable labor. After the time of expected confinement, the size of the abdomen gradually lessened for about six months; the tumor remained as large as a full grown fœtus.

In October, 1859, she fell down a flight of stairs, receiving a severe shock. A high fever followed, with great pain and tenderness of the abdomen, which prevented a satisfactory examination for three weeks. There was a severe cough, which aggravated her pain. Nausea and vomiting occurred every two or three weeks. An examination per vaginam being made as soon as practicable, the os uteri was found entirely closed and the cervix obliterated, the uterus forming a solid tumor, fixed and immovable. Four weeks after the accident a diarrhœa occurred of a large quantity of offensive matter, which was not seen by the physician. The paroxysms of nausea and vomiting increased in frequency and intensity until her death, which took place on the 14th of February.

Autopsy: Very extensive adhesion between the fundus of the uterus and the small intestines, and between the side of the womb and the sigmoid flexure of the colon. Fallopian tubes and ovaries regular. In the cavity of the womb about a pint of thick yellow fluid and a *fœtus in the natural position for delivery*, but no trace of a placenta. An opening in the left side of the uterus communicated with the interior of the colon; the left hand and fore-arm of the fœtus were passed into the bowel as far as the elbows. Feculent matter had

passed into the cavity of the womb. The os uteri was entirely closed, and no trace could be found of it upon the inside.—*Boston Med. and Surg. Journal.*

It is not explained, how or when the obliteration of the os uteri occurred in this case. Did it exist at the time of the supposed labor? Probably so, for there is no evidence of any other obstruction of the delivery at the right time. A physician was in attendance; but how could it happen that he did not discover such an important abnormal condition? With a correct diagnosis, the woman might have been delivered in time and saved from the fatal consequences she remained otherwise exposed to.

---

## Miscellaneous Selections.

---

1. *The Marshall Hall Method.*—Now that the subject of Drowning, as regards its treatment, is exciting so much discussion, we would call attention to a case of considerable medical interest. A woman was found floating in the Serpentine. As soon as she was rescued from the water she was placed under the usual treatment of the Royal Humane Society—namely, of the hot bath, and its adjuncts. She was then sent in a sensible condition to St. George's Hospital, where she died in about half an hour, the Marshall Hall Method having been used directly life became extinct.

Mr. Bellford, the Coroner, seems, with his usual tact and skill, to have elicited much information concerning the treatment employed, also the opinions of the medical witnesses concerned in the case as to the value of the Marshall Hall Method.

The inquest was held on the 15th inst., at St. George's Hospital. The first witness proved that the deceased, a woman aged about fifty-seven years, had been in the water probably about four minutes. She was still capable of slight movement and monosyllabic utterance when brought to the Humane Society's House. She was carried there lying on her back, with her head a little raised. She was then immediately placed in the hot bath on her back, and the head was held up. In about twenty minutes Dr. Christian arrived. His evidence is so important that we can hardly abridge it. He said at the inquest:

"I arrived at the Receiving House at twenty minutes to nine, on Tuesday evening. I found deceased *reclining* in the warm bath, the pulse beating tolerably well; the breathing *labored a little* as if she was filling her chest, *with some obstruction in the way*; there was some rattling, which indicated fluid—it must have been fluid which occasioned the noise. I had her, after a few minutes, put in a warm bed. She was put upon a chair for a minute, and then into the bed. When in the bed, I ordered a mustard poultice to the chest, and a little warm brandy and water to be given her. She was able to take several *teaspoonfuls* of it. I felt her pulse several times; I found that the pulse was good. I waited half an hour. There was great relief to the breathing after the mustard poultice. Finding her warm, and the

pulse good, I left her. She was *profusely warm*. I thought it best to send her to the hospital. I think the coldness observed, when she was brought to the hospital, may have been '*after the removal, by reaction.*' I left her after I had been there about forty minutes, as I considered her safe. She was in bed, *warm and comfortable*. I do not think the death was attributable to the removal. The danger of the Marshall Hall Method is that it neither expels the water, nor lets air enter the chest.

"Coroner: You have heard it stated, that a large quantity of fluid was in the lungs: how would you have got rid of it?—I do not think the fluid could have been got rid of. The Marshall Hall Method would not have done it: it might have got rid of fluid from the stomach.

"Coroner: How would you have removed the fluid?—I know of no way. It must have remained there, or have become absorbed or *exhaled.*"

It will be observed here that Dr. Christian found the breathing obstructed and a rattling in the chest, indicating fluid in the air-tubes; that he took no measures to get rid of this fluid; that he put the patient into a warm bed, and, leaving her "*warm and comfortable,*" directed her to be sent to the hospital; and that in about half an hour after reaching the hospital she died.

Now we must hear the evidence of Mr. Jones, the house-surgeon of St. George's Hospital, who saw the patient on admission. He said that when she was admitted her respiration was "*fair, with loud rattling noise, the lips very livid; she was sensible and able to speak; pulse very good; extremities and surface generally very cold.*" Ordered her at once to be placed in a hot bed, with hot bottles to the feet and mustard poultices to the chest. She was wrapt in a blanket, thinks in only one. In a quarter of an hour the surface-warmth of the body was *not* restored. Ordered her hot brandy-and-water, and the head nurse of the ward to watch her. In a quarter of an hour after this the nurse came down to him to say she was dying. He ran up, and reached her as she was giving her last gasp; the pulse at the wrist was gone. He used the Marshall Hall Ready Method for half an hour, without the slightest sign of recovery, with the exception that a *large quantity of frothy fluid* came from the mouth. The Marshall Hall Method did not seem indicated to him at first; he did not use it at first, as the Method has been much run down of late. At the post-mortem examination the next day, the veins were found to be full of fluid blood; the pericardium contained a little fluid; all the cavities of the heart were full of fluid blood; the structure of the head was quite healthy; both lungs contained an immense quantity of frothy fluid; the bronchi were filled with fluid and injected; the stomach was perfectly healthy, and contained some half-digested food, that's all."

In answer to the question as to what was the immediate cause of death, Mr. Jones said it was due to the immense quantity of fluid in the lungs consequent on the submersion. To further inquiry he stated that he believed the Marshall Hall Method, if used earlier, would have



removed a great deal of the fluid from the lungs, but he could not say whether it would have saved the patient's life. He likewise said the rattling noise heard on admission was caused by the fluid in the lungs; it was rather unusual to see so much fluid in the lungs. He could not say she would have lived if the fluid had been got rid of, *but certainly the fluid was the cause of death.*

We give only these salient points of evidence here; they will no doubt excite comment and discussion. Judged with sober caution, they seem to indicate that here was a chance of life sacrificed to a surprising prejudice. Here is a physician who holds that the Marshall Hall Method can not favor the removal of fluid, in the face of facts which seem to prove that it does; and who leaves a patient "warm and comfortable," with the lungs loaded with and paralyzed by water; to die within half an hour from this cause, without trying the postural method. This case is one of great importance, and displays in a strong light the advantages of postural treatment, and the grave responsibility which attaches to the neglect of this means.

2. *Pocket Electro-Medical Apparatus.*—M. Despretz has recently submitted to the Paris Academy a new electro-medical apparatus, invented by Ruhmkorff. A small box, in size about four cubic inches, contains: 1. an induction coil; 2. a small Bunsen's pile of zinc and charcoal, in which nitric acid is replaced by Marie-Davie's sulphate of mercury; 3. some handles, a brush and some needles for distribution of the direct currents, or of the extra-current to the surface of the patient. The manipulation of the apparatus is as simple as its construction. No vapors are disengaged. The apparatus will maintain its activity during a day. Its price is said to be moderate.—*Druggist's Circular.*

3. *A New Electric Pile.*—M. Marie-Davie has shown, in a communication to the French Academy, that, in order to obtain a regular and powerful current, the substance intended to absorb the hydrogen and furnish the zinc with the acid which is to dissolve it, need not be, as hitherto believed, a soluble one also. It is only requisite that this substance be a good conductor and reducible. With this view, M. Marie-Davie selects sulphate or chloride of lime, the former being quite insoluble in water, and the latter nearly so. The electro-motive power of such a pile is not inferior to that of Daniels' battery. Chloride of lead is dearer than the sulphate, but is a better conductor and yields a much stronger current. The arrangement is in columns; every element consists of a tinned iron dish, having a disc of zinc soldered to the bottom outside; the inside is covered with a coating of sulphate of lead to the thickness of several millimetres. When in use, each disc is filled with water, its zinc bottom being immersed in the water of the disc immediately below. A column composed of forty elements thus disposed is about one metre in height. When the chloride is to be used instead of the sulphate, it should be previously cast into thin laminæ, and then broken into fragments, by which means the cleaning of the pile is easier to effect.—*Med. Times and Gazette.*

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

Vol. IV.

SEPTEMBER, 1861.

No. 9.

Original Communications.

ARTICLE I.

Miasmata.

[A Paper read before the Hendricks County (Ind.) Medical Society.]

BY WM. F. HARVEY, M.D., PLAINFIELD, IND.

In the August number of the *Lancet and Observer* for 1859 I published, with some additions and corrections, the paper I read before the Society a few years ago, on the subject of miasmata. I have still been pursuing the study of the cause or causes of malarious diseases, and noting the facts which seem to throw light on the subject.

You will, doubtless, remember that I stated that carbon, or carbonaceous matter or gases, was the cause of those diseases. I still adhere to that opinion, and present you with a few additional facts, which tend to confirm the position.

But first I wish to notice the remarks of O. C. Gibbs, M.D., of Frewsburch, New York, in his monthly summary of cotemporary medical journalism, in the October number (1859) of the *American Medical Monthly*. After giving a few extracts from the article in the *Lancet and Observer*, he proceeds to say: "That certain diseases occur only when there is a conjunction of certain atmospheric and terrene conditions is almost universally admitted; that the terrene conditions exercise a controlling influence is a fact too well established to admit of doubt; and that that terrene condition or element is effluvial is more than problematical. But why dissimilar diseases from similar causes? That the plague and yellow fever occur only under similar, if not absolutely identical, conditions is well known. High temperature, humid atmosphere, lowness of site, density of population, and

animal and vegetable putrescence, with a preponderance of the former, are necessary conditions to the production of a miasm that will develop either of the above mentioned diseases. If the causes are the same, why not the results?" Dr. Gibbs has answered this last question, by asking "if sugar, starch, and gum arabic are composed of precisely the same ingredients, in two of the instances in precisely the same proportions, why are not the physical properties of the resulting compounds identical? If dissimilar substances are isomeric, may not the causes of dissimilar diseases be also isomeric?"

The question which arises here is, if facts prove the causes of malarious diseases to be "effluvial," and these only are developed under "certain conditions," and those conditions are "high temperature, humid atmosphere, . . . and animal and vegetable decomposition," and the result of those conditions are certain known elements and compounds, why can we not determine which of the elements or compounds causes such diseases? Then why cast aside *facts* for a chimera? We know that the laws of nature are immutable, and that no effect takes place without a cause; and that so long as the harmony of the elemental combinations are kept up, so long the system remains free from disease.

In regard to yellow fever and the plague, I have long held to the opinion that they were of the same class of diseases with intermittents and other similar malarious diseases, but that they were higher grades. I would begin at intermittents as the lowest in the scale, and then follow on up with remittent, congestive intermittent and remittent, etc., etc., and place yellow fever next to the highest in the scale, and the plague the highest. But Dr. Gibbs asks: "If these conditions (terrene, atmospherical, etc., etc.) develop the plague in Constantinople, why not in New Orleans, and the reverse in regard to yellow fever?" In reply to this question I would ask, as did the Englishman when King George asked the members of the Royal Society why no water would run over the sides of a vessel filled to the brim when a certain fish was introduced into it: "Is your honor sure" that those two diseases do not appear at both places? If the answer is in the affirmative, my answer to the question then would be, that it is because each disease is affected by *modifying local* circumstances, which give each its peculiarity; and as those local circumstances can only act where they exist, if they should be transferred from New Orleans to Constantinople, and from Constantinople to New Orleans, the plague and yellow fever would change places also.

I am of the opinion that when there is a thorough investigation of



the two diseases made with the object of ascertaining how nearly they correspond in their symptoms and character, that the greatest difference will be found to be in intensity or grade.

When I was studying medicine with my father, years ago, in Ohio, I heard him say that the majority of the cases he was then treating, during the months of July and August, if in New Orleans, would be called yellow fever, but the cases were named “congestive form of bilious remittent fever” in Ohio. I have seen a number of similar cases in this county since I have been here, and two of them had nearly all the described symptoms of yellow fever of the South. *This is a decidedly malarious district.*

Dr. Gibbs says “the miasm of an intermittent has a more vegetable origin than that of yellow fever, and its conditions of development are not the same.” Dr. Eberle, on the other hand, says, in his *Practice*, pages 149–50: “1. Yellow fever *always* appears in the *lowest* and *most filthy* parts of towns; and those localities in which it is most prevalent are in the *immediate vicinity of marshes, or soils favorable to the production of miasmata*. . . . 4. Yellow fever *always* appears *simultaneously* and is *mixed with bilious remittents*. Dr. Ramsay states that in the yellow fever of Charleston, in 1804, ‘neglected intermittents frequently terminated in yellow fever.’ Dr. Rush also states, in relation to the yellow fever of Philadelphia, in 1802, that ‘intermittents, the mild remittent, the inflammatory, bilious, and the malignant yellow fever have in many instances *all run into each other* ;’ and he observes that Dr. Saunders nearly a century ago noticed this conversion of *marsh* and *yellow fever* into each other. Yellow fever is, moreover, always most severe in the immediate vicinity of those localities *which favor the generation of marsh miasmata*. . . . During the prevalence of yellow fever in Baltimore, ‘the bilious or remitting fever in its ordinary form prevailed in that town, and *continued until it was gradually lost in the severer form of yellow fever* as the season advanced’—(Davidge).” Dr. Eberle quotes most of the above from Bancroft.

Here we have the united testimony of several writers summed up, and the testimony clearly shows the close connection of the several malarious diseases from intermittents up to yellow fever. I quote Eberle in preference to later authors, because he is more concise, and he sums up the observations of many authors.

I am fully convinced that the difference in the character of the various miasmatic disorders is owing to the variety of modifying circumstances, which operate upon either the cause itself or the constitution of the patient; as the grade of the intensity of heat, the amount of

moisture, the amount of decaying material, the length of time the patient has been exposed to miasmatic influence, the phlogistic or anti-phlogistic condition of the system, etc.

But enough has now been said in reference to the remarks of Dr. Gibbs. I shall, therefore, pass to the consideration of a few other facts connected with the subject of miasmata.

It is a fact which perhaps all physicians have noticed, that malarious diseases are more prevalent in the spring and fall than any other portions of the year, and that they are more prevalent in the fall than the spring. Now, why is this? Taking carbon, or carbonaceous matter or gases, as the causes of such maladies, it is easily accounted for; and also why there are, comparatively, few cases during the summer.

All vegetables absorb oxygen during the night, and give out carbon; and during the day-time they absorb carbon, and give out oxygen. This is their process of breathing; but the relative proportion of carbon given out is not so great as oxygen, because a portion is appropriated to the growth of the plant. During the summer season vegetation is in its most vigorous condition, and takes up all the carbon of the atmosphere as fast as it is disengaged from decaying matter. In the autumn, after vegetation has ceased to grow, and its *lungs* — the leaves and blades — have commenced drying up, the plants cease to absorb any more carbon from the air; and as the production of carbonic acid is still going on from decaying matter, the air becomes unduly burdened with it for health. This gas is then inhaled with common air in greater abundance than during the growing season of vegetables, and the lungs do not receive the same amount of oxygen at each inspiration as when vegetation is taking up the carbon. Hence the blood can not become so thoroughly depurated of its effete animal carbon, as when the proportion of oxygen received at each inspiration was greater. About the time when vegetation comes to maturity, and ceases to grow, malarious diseases begin to prevail, and become more and more prevalent as the fall advances.

Now if carbon, in some form, is not the cause of such diseases as arise from miasmata, why do the diseases so regularly appear at the season of the year when that substance or gas is most abundant? There is no other known agent that accumulates in the atmosphere in the proportion that carbonic acid does after the growth of vegetation ceases. In all organic bodies the proportion of carbon is much greater than any other component element.

During the winter season, the system appropriates more carbona-

ceous matter from the food eaten, than during the warm seasons, and there is as a consequence an accumulation of the *fatty* portion of the body during cold weather. This seems to be a provision of nature for keeping up the animal heat. As the warm season comes on the system does not require the fats for that purpose, and (when the health is good) the system throws off the useless portion; but where the health is not perfectly good, too great an amount of those substances are retained in the system for health, and as the efforts to expel those matters are still operating, the now foreign elements become disorganized and produce disease. Hence we may have malarious diseases in the spring and summer, even when the amount of effluvia from foreign sources is not sufficient to produce disease.

I stated in the first article that it would be easy to account for malarious diseases in parts of the world remote from marshes, or densely populated cities, if it is admitted that carbonaceous matters are the cause of them.

I will here state my reasons for the assertion. In all parts of the world carbonate of lime, in the form of limestone, marble, chalk, etc., may be found. These limestones are constantly decaying, and crumbling to dust wherever exposed to air, and during the decomposition carbonic acid is given off. And if the locality be on the top of a high hill, where this decomposition is going on, persons living either on top or on the sides may contract miasmatic fever, as it is well known has been the case. Carbonic acid being heavier than atmospheric air, remains near the surface of the earth where it is found, or disengaged, unless carried away by a current of air. Hence the liability of inhaling it, *and catching the ague*.

At one of the meetings of the Hendricks County Medical Society, Dr. Hutchinson stated to me that in one locality where he once practiced, the ague made its appearance on the west side of a stream of water, annually, for a number of years, while the inhabitants of the opposite or east side of the stream escaped. The country on the west side was low and flat, while on the east side were very high hills. During one season, the ague and fevers broke out on the hills, and was very severe, while on the west, low grounds, the inhabitants were free from such maladies. The doctor asked me to explain the cause of this on the supposition that carbon in some form produced the diseases. I asked him if the hills were not made up in a great measure of limestone; and if they were not heavily timbered? He replied that they were. My explanation of the occurrence of the fevers on the high lands was, that it was owing to the decomposition of the



limestone, and the want of appropriation of the liberated carbonic acid by the vegetation. Now I would ask by what other hypothesis the fact could be explained ?

Perhaps some one may answer that the effluvia were blown from the low lands on the west side of the stream, on to the hills ; but that answer will not do, for if such were the case, why were not those on the west affected, as well as those on the east ? The fact that they were not, proves that the amount of miasmatic effluvia was not generated on the low lands in sufficient quantity to produce any deleterious effect on the inhabitants.

As carbonic acid gas is heavier than atmospheric air, instead of rising to the top, it would roll down, so to speak, the sides of the hills, and produce disease amongst the inhabitants of the low lands. But there was a stream of water intervening, which would absorb the gas, and carry it down with its current. Hence those living on the west side of the stream would escape disease, as long as there was no cause generated on that side, and *vice versa* with regard to those on the hills, of other seasons, even if we admit that the wind might carry effluvia from the low lands.

Another question arises in connection with malaria, viz : Why do yellow and other malarious fevers (most of them at least) abate, or entirely cease after a few cold, frosty nights ?

I answer that during the warm weather the air is filled with moisture, which holds the cause of those diseases in suspension, and when the weather becomes cold enough for frost, the moisture is all condensed, and thrown down to the surface of the earth, and it carries down the poison with it, and there it remains, by its own specific gravity, leaving the air pure. Carbonic acid being so much heavier than atmospheric air, can not rise without a vehicle lighter than air to carry it up. Aqueous vapor is the vehicle.

Now when the nights are frosty, the vapor is condensed by the cold, and precipitated to the earth by its own specific gravity. Hence, the cause having been removed, the effect must cease.

Again, when a large number of persons are enclosed in a close room, why will they all become more or less feverish in process of time ? That they will is a fact too well established, and known, to need confirmation. I reply that in the process of breathing under such circumstances, the whole amount of oxygen in the room is consumed, and carbonic acid is expired to fill its place. Now when the pure air is all gone, the persons must inhale the carbonic acid ; and by both this inhalation, and the want of depurating the blood by the

expulsion of the effete animal carbon, is the system poisoned, and hence arises the feverish symptoms. In this case the fever is clearly traceable to carbon as the cause.

The nourishment taken into the system, though in various physical forms, amounts to little more than carbon, hydrogen, oxygen and nitrogen, with foreign matter. The carbon, hydrogen and oxygen enter the circulation as carbon and water; and after performing their office there, are again expelled in the form of carbon and water through the lungs and dermoid tissues. The hydrogen and oxygen enter into the system as nourishment in the exact proportion to form water, and are expelled in the same proportion also, in health; while the carbon is united with oxygen in the lungs and skin sufficient to form carbonic acid, and in that form expelled.

All this change in food from carbon, oxygen, hydrogen and nitrogen, etc., to blood; and from blood into the same elements again, must go on regularly in order that the health of the individual shall remain good. Now suppose the twenty-eight miles of spiral tubes from exhalent vessels, or the seven millions of pores, be closed up, so that a large portion of the effete carbon and water can not escape, what must be the consequence? Precisely the same as in the case where the persons have inhaled all the oxygen of the room, and are respiring the carbon. Such we find to be the fact in persons who, when freely perspiring, suddenly have the perspiration checked by a draught of cold air.

Most of the statements I have made in this paper are facts susceptible of actual demonstration. They all go to show that carbon *may* be the cause of malarious diseases.

---

#### *Remarks on Malaria.*

Several gentlemen spoke in reference to malaria, some of whom entertained opinions similar to those of the essay, amongst whom was Drs. Green, Hutchinson and T. B. Harvey, who, however, were not prepared to admit the whole position taken by the essay. Others disagreed with some points stated in the essay, as that carbonic acid could be or was disengaged from limestone; amongst whom was Dr. Thompson, who claimed that notwithstanding the decay and crumbling of limestone rocks, yet there was no chemical change in the salt of lime. Dr. Lockhart said that he did not believe that carbon was the cause of malarious diseases. Dr. Cox stated that while in California he was located on a mountain, 4000 feet above the level of the sea, and in that region there were no malarious diseases, although on

one side of the mountains there were limestone and on the other granite. Neither was there any such diseases at Shasta City in an elevated valley, except what had been contracted in a low marshy valley called *Tooley Swamp*, some distance south.

All but Dr. Green concurred in the statement that the position taken might not prove to be a correct one, yet all agreed that it would be hard to refute the arguments contained in the paper. Dr. Green's views coincided more nearly with the paper than any of the other members. He said "it shows the most plausible view of any thing yet. If it shall prove that carbon is the cause of malarious diseases, it will assist us in the treatment of such diseases."

---

ARTICLE II.

**Obstruction of the Liver, Removed by Unusual Remedies.**

BY C. A. HARTMANN, M.D., CLEVELAND, O.

A German woman, aged 45, married, and having given birth to several children, the youngest of whom is nine years old, removed with her father to this country some two years ago. She had always been in good health, and says she had regularly menstruated until October, 1860. In the first week of that month, while having her courses, she caught cold; the menses stopped rather suddenly and the usual symptoms (headache, pain through the lower part of the abdomen, heaviness in the extremities, etc.,) became developed. A quack doctor was called, who gave some very sweet medicine and effected a quite copious hæmorrhage from the womb. The pains and other disagreeable symptoms disappeared and the patient slowly recovered from the original affection, as well as from the prostration following the extensive loss of blood. In two weeks, however, the woman was suddenly taken ill again; during several days she had irregular spells of anxiety, with a feeling of oppression and pain in the epigastric and right hypochondriac region. These spells ended in every instance in hæmatemesis, a considerable quantity of fluid venous blood being vomited, to the greatest relief of the patient, until, after several hours, the same symptoms returned. The intestinal excretions remained regular, but a noticeable swelling of the abdomen, not combined with any pain, preceded them. Nothing could be learned in reference to the nature of the evacuations, the patient having paid no attention to them. The voiding of urine went on as usual; but there was complete loss of appetite, coldness of the extremities and general weak-



ness. Against this condition the doctor prescribed repeated doses of common salt, a teaspoonful to be taken every hour. Four or five of these doses were swallowed; they, however, produced such an intolerable thirst, without any change in the other symptoms, that the woman refused to take more of them. Nor would she have any other medicine, determined to let nature alone and wait, how far she might get that way. The distress in the stomach and the vomiting of blood ceased, the appetite improved; but the abdomen increased constantly in size; oedema of the lower extremities followed; the pain in the right side remained and increased slightly; the urine grew scarce and turbid; the bowels moved less frequently.

In this condition the patient sent for me, November 26th, three weeks after the first hæmatemesis. She was able to walk around the house, though slowly. Her face appeared puffed up, wax-like, with a color mixed up from a pale yellow and a dirty gray, both colors being mostly distributed in irregular patches. Oedema had already spread from below to the upper third of both thighs; the abdomen increased to the size of about the fourth month of pregnancy, presented the characteristic phenomena of ascites. The liver was also considerably increased in size and painful to the touch, particularly so on the line between the right and left lobe. Spleen normal; tongue slightly covered; radial pulse soft, not very full, and somewhat decreased in frequency (60). Breathing short; no irregularity in the chest. Urine stated to be very thick and turbid. Patient very distressed on account of sleeplessness.

The diagnosis presented no difficulty. There was evidently obstruction of the liver, to which all other symptoms were secondary. The treatment, therefore, had to be directed against that obstruction; with its giving way, the other troubles could be expected to disappear also. With this view, I prescribed: one ounce of the seeds of St. Mary's thistle; boil with a pint of distilled water down to eight ounces, strain and add one ounce of white sugar. Of this decoction a tablespoonful to be taken every hour. Besides this, as adjuvant, a decoction of flax-seed and leaves of the golden rod, equal parts, to be used as tea. A nutrient, but not irritating diet. The lower extremities, tightly bandaged from the toes upwards, were ordered to be kept in a horizontal position.

Till the 28th day of November the face had lost much of its ghastly appearance, the abdomen as well as the legs were diminished in circumference, the pain in the right hypochondrium had nearly disappeared and the liver returned to almost its normal shape. The appe-

tite was improving, and during both nights the patient enjoyed a refreshing sleep of several hours. Her urine had considerably increased and was voided more frequently; it remains somewhat turbid, but is much clearer than before. The bowels moved several times each day; the discharges being quite fluid.

Having obtained such a favorable result, I could not do better than continue the same plan of treatment. Prescription: quassia water and acorn water, of each four fluid ounces; white sugar, one ounce. A tablespoonful to be taken every four hours. The same tea as before.

In three days more hardly a trace of the œdema or ascites could be found; color of the face almost normal; liver no longer presenting any swelling, remains sensible to the touch, but is not painful. Fæces and urine evacuated freely; the former still semi-fluid. Appetite excellent. The quassia-water was now given alone, half a tablespoonful four times a day; and under its influence the patient soon attained a complete recovery.

The medication here followed was certainly singular, and the remedies used are, in the described form, not found in the present pharmacopœias. The result must justify the employment of remedial agents, which may prove of the greatest value in similar cases, though they are not officinal. I used those named on the strength of their being highly recommended in a work published some years ago in Germany by Dr. Radermacher, who gives the following statements in regard to them:

1. *Carduus Marianus* L., *Silybum Marianum* Gertn., *St. Mary's Thistle*, *Milk Thistle*.—The seeds are one of the best remedies for obstruction and induration of the liver, bilious calculi, and diseases of the liver in general; hæmatemesis consequent upon affections of the liver, jaundice, etc. The medical power resides in the membrane covering the seeds, which on that account must be given either in coarse powder, or decoction; a tincture may also be prepared from them.

2. *Aqua Quassia*, *Distilled Water of Quassia*.—(Three pounds of the wood, nine ounces of the bark, one pound of alcohol, and water q. s. to obtain eight pounds.) One ounce given during the day, in divided doses, will be found very serviceable in ascites depending upon disease of the liver, especially after acute abdominal affections.

3. *Aqua Glandium*, *Spirituuous Water of Acorns*.—(Five pound of ripe and juicy acorns, coarsely powdered; alcohol, fifteen ounces; water q. s. to distil over seven pounds and a half.) Unsurpassed in dropsy produced by affections of the spleen, and in these affections themselves.

4. *Solidago Virgaurea*, *Golden Rod*.—An ancient but reliable remedy for certain diseases of the urinary organs, especially applicable when the urine turns dark and turbid in gastric affections.

It will readily be seen from these remarks, that, in the case above detailed, the two last named agents were exhibited only for the purpose of guarding against any undue excitement in the kidneys or spleen which might have followed the abatement of the morbid condition in a neighboring organ. I think this precaution indispensable in dropsical diseases. It may be asked, for what reason such a singular and apparently irrational treatment was adopted at all? In reply to such a question I have only to say that I wished to test thoroughly the assertions of Radermacher, in a case presenting all the symptoms described by him. The result proves, that local bleeding, blisters, emollient ointments, calomel and a lot of other remedial applications may be dispensed with in some diseases of the liver, because these diseases can be cured with more certainty, more radically, and in a shorter time, by other and simpler remedies.

---

ARTICLE III.

A Case of Malformation.

BY G. L. PURDY, M.D., SALEM STATION, OHIO.

Congenital malformations are not of very frequent occurrence, and perhaps the following case may possess some interest :

On the morning of the 6th of July, 1861, I attended Mrs. W., in her second accouchement, which was natural in all respects, and of medium duration. The following external malformations were observed upon the child: A supernumerary finger upon each hand, situated at the external surface of the metacarpo-phalangeal articulation of the little fingers; a supernumerary toe on the external surface of the metatarso-phalangeal articulation of the little toe of the left foot (none on the right foot). Each of these supernumerary members possessed a nail, though not so fully developed as those of the other members. Each, also, had its phalangeal bones, but were not articulated with the hands and foot respectively, their connection being muscular or ligamentous. The dorsal surface of the left foot was considerably more arched than is natural, and the toes pointed downward at an angle of about forty-five degrees. This foot was also the subject of talipes *varus*. The right foot possessed no supernumerary toe, as above stated, but was the subject of talipes *vulgus*. The following abnormalities were found in the mouth: The frænum linguæ was much larger than usual, binding the greater part of the tip and under surface of the tongue to the jaw; upon the upper surface of



the tongue was a fibrous band, near half an inch in width, running from its base to its tip, and inserted into the gums of the lower jaw, thus binding down the centre of the tongue in its whole length. Each side of the tongue was partially rolled up over this band, thus destroying its flat and natural appearance. Upon the upper gum was a fibrous protuberance about the size of a small grain of corn. The child was very feeble when born—did not cry or attempt to nurse; it lived but twelve hours. Probably there were some internal malformations.

As regards the supposed causes of these abnormalities I need say nothing, as I can offer nothing new upon the subject. The mother enjoyed unusual good health during her pregnancy, and can assign no cause for these departures from nature's regular course, except the protuberance on the child's gum, which she assigns to seeing a lady insert a white-wax tooth in her mouth, in the very place where the protuberance occurred in the child. Though, as she says, she can assign no cause for these abnormalities, yet she had the presentiment that her child would be deformed, and asked me as soon as it was born, if "it was right?" Neither of the parents are aware that supernumerary fingers and toes have existed in their families.

I will state here that the placenta departed from the normal standard, being small, unusually soft, and very easily penetrated by the finger.

---

ARTICLE IV.

**Case in Obstetrics, with Singular Abnormal Fœtus.**

[A Paper read before Union Medical Association, Knightstown, Ind., July 2, 1860.]

BY JOHN LEWIS, M.D., OGDEN, INDIANA.

May 1, 1860, at 7 o'clock P. M., saw Mrs. G. She is a very small woman, of lymphatic temperament, 19 years of age; has been married a little over twelve months; is pregnant for the first time, and according to her reckoning has just completed the eighth month of utero-gestation. Learned that she had had a chill in the morning, at about 10 o'clock; this was followed by a brisk reaction, severe pain in the head and back, and strong uterine pains recurring every few minutes. At present her pulse beats 120 and strong; skin hot and dry; a good deal of thirst; tongue covered with a thick white coat; uterine pains occur strongly every three minutes; os uteri is closed, cervix not obliterated; bowels constipated; urine scant and high colored; stomach quiet. Treatment: Quiniæ sulph., grs. iij., morphiæ sulph., gr. ss., to be taken at once, and repeat every two and one-half hours, until

pain ceases. Directed to keep a cloth wrung out of a decoction of hops applied to the abdomen constantly. After the first dose, the other powder left contained but one-fourth grain morph. sulph.

May 2, 9 A. M.—Patient free from pain—she became easy soon after midnight; but three of the powders were retained. This morning she is narcotized; vomits whenever her head is raised from the pillow; pulse 81 and soft; skin moist and cool; no thirst. Treatment: *R* Pill. c. c., No. iij., at once, and repeat in eight hours, if necessary. After the purgative has acted, take quiniæ sulph., grs. ij., Dover's powder, grs. iij., at once, and repeat every four hours, until four doses are taken.

May 3.—Purgative has acted well; the powders are taken without any disturbance of stomach; patient is quite comfortable, and better in every respect. Dismissed the case.

May 12.—Again saw patient. She informed me that since my last visit she has felt well, except from weakness; that to-day, about four hours since, she began to feel uterine pains; they are now quite strong, recurring every few minutes; she has had no chill or fever; pulse and skin natural. Treatment: Morphicæ sulph., one-fourth gr., Dover's powder, grs. iij., at once; repeat once in two hours, until pain ceases. On to-morrow, take pill. c. c., iv.

May 20.—At 10 o'clock again saw patient. She has been comfortable for the past seven days; since 5 o'clock this morning up to the present she has suffered from uterine pains, light at first, but gradually have increased in force. She has not had any chill since the 1st inst.; her skin, pulse and tongue is natural. This morning, at 9 o'clock, the liquor amnii escaped; of that fluid there was an unusual large quantity—it was so great as to completely saturate the patient's clothing and bedding, she was compelled to change both. The liquor amnii was of a dark green color, and contained many shreds of mucus of the same color. The sheets were deeply stained with the same hue. At 11 o'clock A. M., from a digital examination, I found the os uteri well dilated, external parts relaxed, and the presenting part of the foetus somewhat anomalous. At first I could tell nothing about its position, but by a more careful exploration I found the right ear of the foetus immediately under the symphysis pubis of the mother; to her right I found the eyes, nose, and mouth; to her left I found a soft substance adhering to the inside of the uterus on the left, and to the presenting part of the foetus. With my finger I ruptured that attachment, leaving a "flap" of it attached to the presenting part of the foetus, and could distinctly feel a portion of the placenta adhering

to the uterus on the left, and extending down to the os tincae. There was some hæmorrhage from this torn surface, which continued for about five hours, and ceased from the formation of coagula. Where the vertex ought to have been, judging from the position of the ear and face, I found a broad, flat bone, that felt like a plate of the cranium—I could find no other one; behind it, toward the left of the mother, there seemed to be a vacuum. The position of the lower end of this bone seemed to be in the centre of the pelvic outlet.

This state of affairs perplexed me. I could not diagnose the presentation. The uterine contractions continued to be regular and tolerably strong during the afternoon, but the fœtus remained a “fixed fact.”

About 5 o'clock p. m. the uterine contractions began to slacken, on account of the woman's nervous exhaustion. To increase, if possible, the force of uterine contraction, I resorted to dry cupping the sacrum, quinia sulph., footbath, extract of ergot, etc., without any effect. The extract of ergot, however, was ejected by the stomach as often as taken, and, of course, could avail nothing. At 7 o'clock p. m., Dr. Kersey, of Lewisville, saw the patient with me. He confirmed my exploration, but could not make a satisfactory diagnosis. We concluded to deliver by manual force, if possible, for the woman's strength was failing rapidly, and uterine contraction had almost entirely ceased. For the removal of the fœtus I introduced the index finger of my left hand into its mouth, and placed the first two fingers of my right hand against that flat bone found where the vertex ought to have been. By means of this attachment, I could make considerable traction, with the effect of moving the fœtus a little at every effort.

After making traction for a few times in the manner above indicated, I introduced the thumb of right hand into the mouth of the fœtus, and placed the first two fingers of the same hand against “that same” flat bone. With this fastening I could and did make strong traction. By directing my efforts forward and upward, (an assistant supporting the perineum,) the fœtus was soon removed without there being any expulsive uterine efforts. The placenta was removed in a few minutes after, without any trouble. The woman was much exhausted; uterus contracted feebly, requiring constant external friction to prevent hæmorrhage. In a few minutes uterine contraction came on, and the woman was dressed and left in bed as comfortable as circumstances would permit.

The child (still-born, of course) was of good size and perfectly formed, except the cranium and spinal column. From ocular inspection, there seemed to be no brain, nor bones of cranium. There



was about one-half inch of scalp around the forehead; there was nothing behind a plane drawn from before the coronal suture to mastoid processes. From the same point (coronal suture) there was the end of a flat bone, about two inches wide, that had a portion of placenta attached. This bone extended to the sacrum, all the way down maintaining its uniformity of width and appearance, and was covered with cellular tissue. The skin of the body came to the edge of the bone, and terminated as abruptly as if cut with a sharp instrument. This plate of bone had joints like the vertebral column, the ribs being joined to its under side. Its cellular tissue most likely adhered partly to the body of the uterus and to the external surface of placenta which, as before mentioned, extended down to os tincæ, and adhered to the end of the bone. We thought we could see marks of attachment on the placenta; its uterine surface was quite rough with some kind of concretion.

May 21st.—This morning found patient with a flushed face, hurried respiration, skin dry and hot, pulse 130, abdomen tympanitic, and very tender to the touch. She lies on the back, with her knees flexed; can not bear the weight of the bedclothes on abdomen; tongue dry, edge and tip red; lochia scant, and urine retained. Treatment: Quiniæ sulph., grs. iv.; powdered opium, grs. ij.; calomel, grs. v.: mix. Take at once, and repeat every three hours until four doses are taken. In four hours after last dose,—castor oil, 3 j.; spts. turpentine, 3 ij., at once, and repeat in eight hours, if necessary. Apply to abdomen hot spirits turpentine once in five hours, and keep constantly a flannel cloth wrung out of a hot decoction of hops in vinegar. After the purgative has acted, give one of the following powders every three hours:—quinine, grs. iij.; Dover powder, grs. iv.; mix.

May 22d.—Patient feels better: skin cool and moist; pulse 80 and soft; tenderness of abdomen gone, except in the left inguinal region; fullness subsided; lochia normal; urinated freely and easily; the dejections from bowels were dark colored and very offensive. Treatment: Quinine, grs. iij.; Dover powder, grs. iij.; phosphate of iron, grs. iv.; mix. Take at once, and repeat every four hours until five or six doses are taken. Continue fomentations and embrocations to abdomen, especially over left inguinal region, till all soreness has subsided.

May 28th.—Patient has improved rapidly since last date, up to the present. The soreness in the left side gradually passed away; the bowels were kept open with castor oil and spirits turpentine. Every day she took several doses of phosphate of iron, with either the sulph. quinine or sulph. cinchona. She continued to improve rapidly, from day to day, up to her normal standard of health.

## Proceedings of Societies.

---

### Proceedings of the Union Medical Society, Knightstown, Ind.

---

Reported by B. F. ELDER, M.D., Secretary.

---

Society met on Monday, August 5th, 1861. President being absent, Dr. Whitesel was called to the chair.

Business being in order, the following resolution, offered by Dr. Elder at the last meeting, was taken up, and unanimously adopted :

*Resolved*, That the members of this Society tender their professional services gratuitously to the families of volunteers now in the United States army.

Dr. Bundy, whose name was stricken from the roll at a previous meeting, on the charge of non-attendance, being present, and having given a valid excuse for his delinquencies, was again reinstated as a member of the Society.

Reports of cases being in order, Dr. Bundy reported a case of fracture of the head of an infant, by a kick from a horse. The child was kicked on the side of the head, the skull fractured in the shape of a horse-shoe, and depressed, he thought, nearly a quarter of an inch, the portion depressed corresponding with the shape and size of the foot of the horse. Coma and paralysis, with a large ecchymosis, were the immediate results. He lanced the ecchymosis, which discharged a large amount of blood and serum. A few days afterward, a large abscess, having formed within the head, discharged through the fractured bones *about a pint of matter*, which was followed by a marked and rapid improvement in the condition of the child. Coma immediately disappeared, and the fingers and toes were seen to move. The abscess still continued to discharge a small amount of pus daily, and the child was growing better. The case not having yet terminated, Dr. Bundy was requested to report it at length at the next meeting.

Dr. Newby reported a case of diphtheria.

Dr. Whitesel reported a case of carcinoma of the stomach.

Dr. Canaday read the following paper :

MR. PRESIDENT :— I submit the following case, with a few remarks, not because I think there is any particular interest attached to the case, but for the purpose of directing the attention of the Society to the use of a new remedy, or new at least to many of us, in a very troublesome form of disease, that we have occasionally to contend with, namely, nausea and vomiting in the early months of pregnancy.

The remedy in question is a strong decoction of *cornus sericea*

(swamp dogwood) and *dioscorea villosa* (wild yam), made by steeping equal parts of the dogwood bark and root of the yam in a sufficient quantity of water to make a strong decoction, administered cold in doses of one or two tablespoonfuls every three or four hours.

On the 16th of July, 1861, I was requested to visit Mrs. H., a lady of delicate constitution, and rather feeble health, as a general thing, mother of two children, youngest about two years old. She is now, at visit, about two months pregnant; says she feels bad all over—can hardly tell how; has pains, or rather a hurting, in the stomach; bad taste in the mouth, frequent nausea and vomiting, together with a good deal of spitting; tongue slightly coated, loss of appetite, sour eructations, some dizziness of head; feels languid and easily fatigued. The greatest trouble, however, is the nausea and vomiting, with the loss of appetite, etc.

Treatment: Gave her a cathartic of hydrargyrum cum cretæ and soda, and followed with quinine and lupulin for two or three days, after which she was improved in every respect, except the nausea and vomiting, which continued about the same.

July 21st.—Put her upon the use of the above-named decoctions, with the use of which she began to improve, and has vomited none since the first day or two after commencing the use of the remedy, up to the present time, August 4th. Has had no nausea since, and in consequence of the cessation of nausea and vomiting, she has gained strength, improved in appearance, spirits and general health. Finally, she says she feels better for the last week than she had for nearly three months previously. I omitted to state, in the proper connection, that after taking the medicine every four hours through the day, for four or five days, she continued it three times a day for some time, and is still taking it occasionally.

I have used the remedy in several cases before, and with like favorable results, and am inclined to look upon it as being *the* remedy for nausea and vomiting in the early months of pregnancy. However, my cases have not been sufficiently numerous to establish a fact, though it has afforded relief in every case in which I have used it, and I have given it in some seven or eight. One case in particular, and the first one in which I tried it, was a lady, mother of two children, and pregnant the third time; had suffered extremely during the first four months of each of her previous pregnancies, from pyalism, nausea and vomiting, so as to be confined to her bed for the whole of that time, and able to retain but very little nourishment. After about four and a half months each time, she gradually grew better, and enjoyed tolerably good health up to full term. She was treated each time with all the usual remedies, and I might say all the unusual ones, too, for she took every thing that her physician and the gratuitous prescribers of the neighborhood suggested, with but very little benefit.

These symptoms commenced each of the preceding, as well as this time, immediately on becoming pregnant. I prescribed for her during her second pregnancy, and with but very little benefit. This time, on being requested to prescribe for her, I resolved to try the yellow yam and swamp dogwood, as I had lately seen it very favorably spoken of.



Accordingly I gave it to her, prepared as above directed, to be taken in table-spoonful doses every two or three hours. Upon calling on her in the evening, after she had been taking it all day, she said she thought it was going to help her, as she had suffered less that day than for several days previous. She continued to use the remedy for some time, but was free from the ptyalism, nausea and vomiting in a few days.

I have used it in less aggravated cases with more marked results. In one case in which I prescribed it last winter, it acted very promptly. This lady was also the mother of two children, had suffered during the first three or four months each time from nausea and vomiting, and commenced this time the same way. I prescribed the yellow yam and swamp dogwood, as above described, and in less than a week she was entirely free from the trouble, left off the medicine, and felt nothing more of it.

I do not pretend to be able to explain its therapeutic action, neither do I pretend that it will succeed in every instance; but one thing I do know: in the few cases in which I have given it, it has proved eminently beneficial in every one, and I would merely request the members of the Society, or those of you who have not a more reliable remedy in the above disease, to give this a fair trial, and report your experience at some future meeting.

Several other short reports were made by Drs. Rawlins, Crane and Elder, after which the Society adjourned, to meet the first Monday in September.

---

## Editorial Translations.

---

1. *Chloride of Zinc in Diseases of the Skin.*—Since Hanke, in 1841, called attention to this remedy, Dr. Veiel, of Cannstatt, has employed the same in the following three forms:

1. Spirit or alcoholic solution: equal parts of the chloride and alcohol.

2. Liquor or aqueous solution: chloride of zinc and muriatic acid, of each ten parts; water, five hundred parts.

3. Sticks or pencils, prepared like the sticks of caustic potassa, with which this form also corresponds in the manner of application.

The sticks are used to destroy hypertrophic lupus, by repeated boring; in exfoliative and exulcerative lupus the application of the spirit, followed by the liquor, proves sufficient. Superficial or erythematous lupus requires the spirit attenuated by the liquor. Other cutaneous diseases benefitted by these preparations are: obstinate

eczema of the eyelids, lips, genitals, anus—the spirit painted over; solar and impetiginous eczema—the liquor applied daily; eczema of the tongue, fissures of the nipples, scrotum or hands, callosities, etc.—one part of the spirit mixed with ten parts of the liquor; remains of psoriasis—spirit; a certain form of palmar psoriasis, with corn-like painful protuberances—stick; sycosis, favus and some varieties of acne—liquor; circumscribed indurations on the nose, cheeks and lips—spirit; chronic ulcers of the feet, with callous edges—spirit; cysts, ulcerating glands, fistulæ—spirit; condyloma, molluscum, seborrhœa, burns, chilblains—liquor.

The chloride of zinc enters into combinations with nearly all the elements it meets, and produces a descending irritation, which leads to contraction of the surrounding parts. Hence result diminution of the wound, speedy formation of pus, detachment of the crust and granulation, and finally a good scar. On this account the chloride is preferable to acids, caustic potassa, nitrate of silver, iodine, and other caustics.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien.*

2. *Oil of Mustard for Sinapisms.*—Prof. Bernatzik has demonstrated by experiments instituted at Vienna, that by great pressure the ethereal oil can be separated from the seeds of black mustard, without injuring the efficacy of the remaining cake for the usual purpose, provided that the presence of heat is prevented in the process. The cakes obtained by a hydraulic press of one thousand hundred-weights are of a greenish-gray color, not very compact, can be easily powdered, and will keep, in a dry place, over a year. The ethereal oil thus separated, when applied undiluted to the skin, develops a large amount of very disagreeable vapors, and produces in a few minutes the most intense pain. An alcoholic solution, applied by means of a cloth, soon causes a burning sensation, in the course of five or six minutes considerable redness, with a constantly increasing pain, until the cloth is removed. A solution of mustard-oil in olive-oil has no particular effect. The oil being, also, comparatively cheaper than the powdered seed, and easier transported as well as kept (which is an item deserving attention on the part of military surgeons), the solution of it in alcohol appears to be in every way preferable to the usual poultice.

Dr. Herrmann states that the oil of mustard has been used in a similar manner for a number of years in the military hospitals of Prague. By saturating blotting-paper with a mixture of the oil and water, the oil is retained on the surface of the paper, and thus brought into even a closer contact with the skin than can be procured by the

solution in alcohol. One drop of ethereal mustard-oil, mixed with a drachm of water, is sufficient for a piece of paper six inches in length and four in width. When applied, the paper is covered with oil-cloth and kept in its place by a short bandage or an adhesive strip. Fifteen minutes are usually required to develop the desired effect.—*Wiener Medizin Wochenschr.*

3. *Sclerema Neonatorum* (*Skin-bound Disease*.) By Dr. J. BIERBAUM, of Dorsten.

Jaundice, lobular pneumonia, and intestinal irritations are common complications. The extent and intensity of the affection determine its duration and result. Recovery may follow in from eight to fourteen days; death by paralysis of the lungs is a more frequent termination. Suppuration appears but seldom.

*Etiology*.—Among the predisposing causes, age is of great influence, the disease appearing usually within the first eight days of life. Its congenital occurrence is not proved. Children born prematurely suffer more readily than those born at full term. Generally the patients are of a weak constitution, and not well developed; those of strong build, however, are not exempt. The influence of sex has not yet been sufficiently ascertained.

The foundling-hospitals show a singular influence: that of Paris has by far the most cases (about 150 annually), and the greatest number of deaths, (eighty-five per cent.) In private practice, the disease is rarely met with, and then mostly among the poorer classes. Herveux thinks the long-continued horizontal position in which the children are kept at the Paris hospital, and insufficient nourishment, may be the causes of colds and disturbed circulation, and thus principally induce the sclerema. A full explanation of all the influences at work there, is yet to be given.

The seasons of the year manifest a singular influence, although a colder temperature undoubtedly favors the disease, for it occurs most frequently in the winter, spring and fall.

The most important exciting cause is cold, and the disturbed function of the skin resulting from it; the disease, however, is apt to appear without any such influence.

*Nature*.—This is the most obscure point. Rokitansky seems to be right in ranging among the complications all affections of internal organs found in conjunction with sclerema, which he considers to arise from idiopathic functional derangement of the skin.

Billard, taking the œdema for the principal symptom, declares the disease to be dropsical. But the œdema is not always present, and of



a secondary character where it appears. Others have pronounced the disease a variety of erysipelas, although all the principal features of this affection are wanting.

The opinion of Ch. West, that the lungs, imperfectly expanded, induce obstructed circulation and passive swelling of the integument, lacks confirmation; and Bouchut determines nothing in stating that the disease is cutaneous and consequent upon some obstruction in the capillaries and lymphatic vessels. The indurated condition of the skin perhaps arises in that way, but it forms the first symptom, and œdema as well as internal disturbances may be readily explained as resulting from it.

*Treatment.*—The indications are to dissolve the induration, favor resorption, improve the functions of the lungs and the circulation, and strengthen the diminished vital power. A number of internal and external remedies have been recommended for these purposes. Liniments, cataplasms, leeches and blisters must be rejected. Animal heat is beneficial. Baths may be used, if the patient is not too weak. Of particular advantage are embrocations with warm almond or poppy oil, and covering the affected parts with cotton which has been previously saturated with aromatic vapors. Methodical kneading of the parts, as proposed by Legroux, seems to be also of good service.

Light stimulating and toast remedies must not be overlooked. The best nourishment is the mother's milk. Retention of meconium obstipation or diarrhœa are treated in the proper manner.—*Journal fuer Kinderkrankheiten.*

4. *Vaccination of very Young Children.*—At the meeting of the Medical Society of the Hospitals, of July 24th, M. Barthez raised the following question:—Is it proper to vaccinate children during the first few days after birth? This practice has been already condemned by M. Bosquet, Baron, Natalis Guillot, as having produced unhappy results. M. Dangau attributes to it the production of erysipelas. M. Barthez, in verifying the cause of deaths, has several times seen the bodies of new-born children presenting the traces of recent vaccination, and has heard parents attribute the premature deaths of their children to this operation. In two cases, he has believed it to be his duty to inform the public authorities of the dangers of the operation.

*M. Blache* has vaccinated young children for several years at the Cochin hospital. He has often witnessed accidents, such as the induration of the base of the pustules; their ulceration, the cure of which has demanded not less than from fifteen days to three weeks; and a dangerous form of erysipelas. On the other hand, he has never seen

these accidents in older children. On the advice of M. Bosquet, he has refused absolutely to vaccinate children before the end of the second month. Small-pox is rare at this period of life. He does not participate with M. Behier in his fears on the subject of vaccination, to which in France the administration is far from being unfavorable. In reply to M. Lagroux, M. Blache added, that in the unfortunate cases, several insertions of the virus had been made, as is the custom of the greater number of physicians.

M. Hervieux stated another inconvenience from premature vaccinations, which became a new cause of mortality at the hospital *des Enfants Assistés*. When these children have been sent into the country with vaccinal pustules, the administration has received complaints from the sub-inspectors. The custom has been then to retain the vaccinated children at the asylum until the pustule shall have terminated its evolution. M. Hervieux has also seen a great deal of erysipelas consecutive to vaccination, and believes that this operation itself, without any complication, may produce a state of languor fatal to children. Small-pox is very rare in young children.

M. Simonet observed that there were statistical tables at the office of the chief of police, and that it would be necessary first to verify the proportional part of the very numerous cases of the death of very young children, before attributing to vaccination that which is not perhaps but the conditions of the mortality of the first days of life.

---

## Correspondence.

---

### Renunciation of Homœopathy

BY THE LATE EDITOR OF THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

To the Editor of the American Medical Times.

SIR:—I wish to put on record in your pages, not only that I have long since resigned all connection with any and every sectarian medical society and publication, but that I now most distinctly do not believe or practice according to any one medical dogma or exclusive system. I have repeatedly been on the point of making this declaration public in some regular medical journal, as it is well known that I have often done in private conversation and in Homœopathic periodicals; but frequently the pressing demands of the sick have not left me time, and at other times I have been deterred by the urgent entreaties

of friends, backed by that natural repugnance which every one has to publicly acknowledge a change of opinion.

In simple justice to myself I will beg your indulgence to a short statement of my connection with Homœopathy. When a mere school-boy, between twelve and fourteen years of age, and now I am forty-one, I was personally under the care of an aged and accomplished physician, Dr. Freytag, of Bethlehem, Penn. On my return from boarding-school to this my native city, I found many of my nearest relatives under the treatment of Drs. Gram and Gray. Thus, both in Pennsylvania and here, I was early thrown in contact with many and earnest converts to Homœopathy. A short time spent in a wholesale drug store opened my eyes to the immense amount of adulterated, spoiled, and poor drugs and medicines which were then and perhaps are now sold. Not a few of my dearest relatives had not been saved from agonizing death, and some were still suffering with varieties of the most distressing forms of chronic disease, which had not been averted by all the devotion and skill of many of the most accomplished physicians of the dominant school. I commenced the study of medicine under the impression and with the fervent hope that Homœopathy, in its future and rational development, would supply all that was deficient in medicine; but all my natural instincts ever have been, and ever will be opposed to all bigoted exclusiveness and one-ideaism in religion, politics, science, and my much loved profession. As far as lay in my power, I have never been unmindful for a day, from the commencement of my career as a medical student and practitioner, of the numerous and brilliant advances in regular medicine which have been constantly progressing both in this country and abroad. I must say that I never have been a convert to the use of infinitesimal doses; they have been so repugnant to every fraction of common sense which I possess, that I have always felt absolutely degraded when making what I conceived to be necessary trials with them. I have always felt that I was doing something foolish or wrong when giving them; that I was dealing with quantities so minute and so powerless that it would be trifling with the lives of my friends and patients to depend upon them in serious cases, and with their time and comfort in milder attacks. I knew full well that Hahnemann had performed all his first cures with tangible doses, and had cited numerous instances from reliable medical authorities, in which apparently Homœopathic cures had been effected with not unreasonably small doses. I determined to commence where he commenced, and if beaten back to infinitesimal doses, would reluctantly but at the same



time decidedly follow the results of my experience. I have never felt myself obliged to fall back upon infinitesimal doses; but, on the contrary, have been more and more successful in strict proportion as I gradually increased upon the very small quantities which I first used, and in proportion as I departed from a slavish adherence to one system of medicine. The reports of others, both physicians and laymen, frequently led me to make careful trials of infinitesimal doses in various cases, but never with satisfactory success; while many extraordinary instances of recovery from distress and sickness in which no medicine had been given, and numerous consultations to which I was called by Homœopathic physicians, in which severe disease had gone on unchecked by these powerless agents, more and more convinced me that they were irrational and unsafe.

A careful study of the Homœopathic *Materia Medica* early convinced me that it was very visionary and unreliable. I labored long and zealously to do my share towards giving it a more practical and common-sense shape.

The dogma, *similia similibus curantur*, was long a stumbling-block to me; it seemed so utterly opposed to reason, that it was often with difficulty that I could force myself to practice according to it. But, many years ago, I hit upon an explanation which was, and is still, perfectly satisfactory to me. It is self-evident that, in order to cure any disease, a state *different* from that presented by the disease must be brought about; hence a curative drug must either primarily or secondarily exert an *alterative* action; that is, if we leave mere revulsive effects out of the argument for the present. Similarity is not identity, but a similar thing, although it resembles somewhat, or even strongly, also *differs* somewhat, and even greatly. Hence, a drug which acts similar to the action of any given disease, also differs somewhat in its action, and ultimately may exert an *alterative* effect. Similarity is a hybrid consisting of a great or greater degree of resemblance, coupled with a less or lesser amount of difference; in fact, similarity may be defined as a *slight degree of difference*, quite as well as interpreting it as a great degree of resemblance. Hence, the Homœopathic law is *only an apparent and fragmentary truth*, not a complete exhaustive law. It is a fragment of the great law, *differentia differentiis curantur*, seu *alterantia alterantiis curantur*, of which in its form the old established law, *contraria contrariis curantur*, is another fragment. For opposite or antagonistic things are such as *differ* in the greatest degree; while similar things are merely such as *differ* in the least, or a lesser degree, or in certain particulars; while in others, they may be

*essentially different.* Identity excludes the idea of difference, while similarity may include only the idea of casual likeness. Upon these ideas or principles I have long thought, studied and practiced, and have gradually become more and more convinced that the Homœopathic is only a partially, or even only an apparently true law—a mere fragment of the greater law of alterative antagonistic action which has been practised upon for ages.

The immense advances which have been made in the regular school in pathological anatomy, diagnosis, microscopical and chemical investigation, in auscultation and percussion, in the use of the speculum and ophthalmoscope, and in the use of ether and chloroform, necessarily force every student of medicine to give the larger portion of his attention to the publications of the dominant school. I have long endeavored to force these tangible, practical, and essential advances upon the attention of the Homœopathic school, and labored almost in vain to convince the fraternity that the healing art is so far from having attained a state of perfection that no school has a right wholly to despise and reject the other, and that a wholly derogatory estimation of every other method than their own is not a necessary consequence of their adherence to the latter. Hence, I must prefer the greater to the lesser truth, and however painfully and reluctantly, must endeavor to cast my lot with other friends, other theories, and other practice.

But the Homœopathists have discovered some new remedies, and renewed the use of many forgotten old ones. If consistent with the object of your periodical, at some future time I will furnish short articles on the use of Ignatia, Cocculus, Pulsatilla, Agaricus, Hamamelis, Cannabis Sativa, Euphrasia, and other remedies, simply premising that it is not at all necessary to use them in infinitesimal doses, nor always according to the Homœopathic law.

Yours, etc.,

J. C. PETERS, M.D.

—*American Medical Times*, August, 1861.

---

#### Tænia Solium—Pumpkin-Seed Emulsion.

On the fourth of July last, one of my patrons informed me that his little boy, a delicate child of ten years, had passed, at various times, pieces of tape-worm, and that turpentine and other medicines had been administered at three several times, without any special benefit.

The child was born of healthy parents, in the city of New York, but at the age of two and a half years, owing to delicacy of health and without any apparent cause, was placed under the care of a relative at

a country-seat on the Hudson, until his removal to this city four years since. Portions of the worm were first noticed when the child was four years of age, and pieces varying in length from a few joints to three feet, had been thrown off at intervals of two or three months since that period. The child had never been seriously ill, but had been subject to abdominal distress, frequently, accompanied with slight fever, ordinarily relieved by castor oil, the action of which produced large discharges of intestinal mucus.

Ordered: *R* Hydrarg. submur., grs. xij.; pulv. gambogiæ, gr.  $\frac{1}{4}$ ; olei chenopodii, gtt. j. Mix. To be taken at bedtime in syrup. To commence taking an emulsion of pumpkin-seed, well bruised, early in the morning, and to continue it until at least a quart had been taken. At 4 p. m. the next day, the directions having been carefully followed, administered one ounce of castor oil, which brought away the entire worm, measuring nineteen feet. Head examined with microscope.

The age of the patient invests the above case with some little interest. Similar treatment had been successfully adopted by me in two cases occurring in male adults, one a native of England, the other of New York; both of whom observed the passage of the characteristic joints, during a sojourn on the continent of Europe, and had used turpentine, calomel, gamboge, and other drastic cathartics, without benefit. With one of these patients, in 1856, I used koussou and male fern. The latter brought away eleven feet; two months later, upon giving the emulsion, thirteen feet were voided, including the long, thread-like neck, and the head.

The other case, in 1859, was relieved of forty-seven feet, including the head, as verified by microscopic examination.

SAMUEL WILLEY.

*St. Paul, Minn., August 21, 1861.*

---

### Battle of Bull Run.

#### ONE DAY'S EXPERIENCE ON THE BATTLE-FIELD.

[From the American Medical Times.]

CAMP PLATT, near Alexandria, Va., July 26, 1861.

I have had no time to write to you before, and I have scarcely the time now, but I have seized a few moments of leisure to give you a brief account of one day's experience upon the field of battle.

At half past two, Sunday morning, I was in my saddle, with my assistants by my side, and my ambulance was ready for the march. The column began to move at this early hour, but our Division, under



General Miles, did not leave the encampment until after six o'clock A.M. We then followed the long train which had preceded us, and after a march of about three miles took up our position where the battle of the preceding Thursday was fought, upon the brow of a hill commanding a view of the whole valley in which lay the forces of the enemy. The 32d and the 16th New York Volunteers were ordered to support Lieut. Pratt's battery, Col. Pratt, of the 31st, acting as Brigadier-General or commanding officer, while Lieut.-Col. Brown took charge of our own regiment, the 31st; subsequently Col. Pratt took charge of his own regiment and was ordered to support Major Hunt's battery.

As soon as the troops were fairly in position, the batteries opened upon the enemy with shell, solid shot, grape, and canister. Their fire was very effective, but it was not answered until late in the afternoon. In the meantime my assistants aided me in selecting a place along the wood, in our rear, where a pretty deep cut or gorge, leading a little off from the main road, would enable us to dress the wounded without exposure. We all went to work with a will, with the help of the drummer boys, and had soon cleared the gorge of stones and bushes. Here we proposed to have the wounded brought on stretchers by the drummers and a few volunteer aids, who together composed my ambulance corps. We then placed our ambulance above and beyond the gorge, in the direction towards a log-house, which was situated one-quarter of a mile further off in the rear. We took down the fences to let the ambulance pass, and planted our red flags at the temporary depot, and at the log-house. We were all ready when we received notice of an expected charge of cavalry upon that road, and were requested to select a building on the opposite side of the road, as the enemy's batteries would range across the old log-house. Accordingly we hastened to make the change, and in a few minutes we had everything as well arranged in a snug wooden house, occupied by negroes, as if we were in Bellevue. The operating table was ready, the bed arranged, and the instruments, sponges, bandages, cordials, etc., in order.

I now rode back to the field, and found we had had one slight skirmish, in which one man of the 16th had been wounded in the head, which Dr. Crandell, of the 16th, had already dressed. It was past mid-day, and we were all tired, hungry, and thirsty. Exploring a garden in front and to the right of the batteries, I found cabbages, beets, parsley, onions, sage, and potatoes; near by were chickens, and smoked hams in a deserted lodge. Water we found one-quarter of a

mile to the left on the borders of the woods, within which lay the enemy, but the drummers brought water, and with the help of Mr. Nourse, Dr. Marvin, and my son, we soon made about four gallons of the best soup I have ever eaten. We had salt and pepper to season it, and good appetites to welcome it. We made also a large coffee-pot full of coffee, and found sugar to sweeten it. This we carried to the rear and fed out first to the Colonel and his staff, and then to the line officers and men, as far as it would go, not forgetting ourselves and the drummer boy.

After this precious repast we carried whisky to those soldiers who had been skirmishing, or who seemed especially to need it; for they were without shelter, under a sky of brass. To those who called for it also we sent or carried water in pails—such water as we could get. The men never left their lines, except when ordered to act as skirmishers, and must have perished except for some such refreshments.

At about four or five p. m., a message was sent to us that the enemy were retreating, and that the day was ours, and I immediately returned to my hospital to order, of the black inmates of the South, supper for the Colonel's staff and my own. I was standing at the door, looking out towards the road, when I saw the regiments approaching in order, but rather rapidly; at the same moment came an order from Dr. Woodward, the intelligent and faithful medical director of our division, for me to fall back with my hospital to Centreville, about one mile further back, as the enemy were making an attempt to flank us on the left, in the direction of our division. I immediately had everything replaced in the ambulance, and having paid Maria, the black woman, whose dinner we did not eat, we started for Centreville. We went along the same road with the troops, who were moving in good order, and without any appearance of alarm. At Centreville I took out my amputating case, general operating case, and medicine chest, and finding a large number of wounded already here, proceeded at once to dress their wounds, extract the bullets, etc. We were occupied for an hour or more in an old tavern. My assistants here were Dr. Lucien Damainville (first Assistant), Dr. —. Brown, Mr. Marvin, medical student, Mr. Nourse, and my son Frank, who had been acting most of the day as the Colonel's aid. I think Dr. Arnt, of one of the Michigan regiments, was with us at this time. We had no bandages, no lint, no sponges, no cerate, and but very little water, and I think only one basin. Our first attention was directed to those already in the house. Stooping down as they lay crowded upon the floor, we inquired, "Where is your wound, my poor fellow?"

for they seldom called us until we came to their relief, nor did many of them utter a moan. There they lay silent, waiting their turn. Most of the wounds were made by spherical balls—some had gone through entirely, without breaking a bone or severing an artery—and to them we said, “Bravo, my boy, a noble wound, but no harm done. Mr. Nourse, apply a cloth, wet with cool water.” Not a few, encouraged and strengthened by these words, got up, and came on foot to Alexandria and Washington. I saw several at Fort Runyon, from whom I had extracted balls from the neck, arms, and legs, the next morning when I arrived there, and they had walked the whole distance. Three or four had balls through their bodies, and had walked two or three miles to the village; one was brought up with a wound in his thigh, who had lain on the field since the Thursday preceding. He will recover, I think.

From this building we went to a private house, which was also full, and then to the old stone church. Here I met Dr. Taylor, of the 1st New Jersey Regiment, who was laboring most industriously, and Dr. —, a private, a very intelligent man, belonging, I think, to the 2nd Michigan, and who, for his extraordinary zeal and attention, deserves great credit.

In the old stone church the men were lying upon every seat, between all the seats, and on every foot of the floor; a few on stretchers, perhaps three or four; a dozen or more on blankets—occasionally upon a litter, hay or straw, but mostly on the boards.

The scene here was a little different; it was dark; we had but two or three tallow-candles. The men had been waiting longer, and were in general more severely wounded; and, although now and then a man asked us to pass him, and to look first after some one lying near who was suffering more, yet from all sides we were constantly begged and implored to do something for them. After a little we concluded to take them in order as they lay, since to do otherwise rendered it necessary to consume time in going backwards and forwards, and we were constantly in danger of treading upon the wounded; indeed, it was impossible to avoid doing so. By this time we had found a hospital knapsack, and were pretty well supplied with bandages; but the time did not allow us to do much more at first than to extract the bullets, and apply cool water-dressings, with lint.

Only two amputations were made by myself; one below the knee, and one above the elbow-joint. Both of them, I confess, were done very badly, but I could, at the time, and under the circumstances, do no better. My back seemed broken, and my hands were stiff with



blood. We still had no sponges, and scarcely more water than was necessary to quench the thirst of the wounded men. My assistants were equally worn out—Dr. Taylor alone seemed vigorous, and ready for more toil.

At half-past twelve, or about that time, we went out to get a candle, to enable Dr. Taylor to amputate a man's arm at the shoulder-joint. Just then a regiment came up, and the Colonel was challenged by the picket. This reminded me that if we were to stay all night, as we had mutually agreed to do, we should need the countersign; but, although we told him we were medical men, in charge of the wounded, and intended to stay, this was refused to us. The Colonel told us that his was the last regiment covering the retreat.

We obtained a candle, and went to the house where lay Dr. Taylor's patient, with his arm terribly shattered with a cannon-ball, or fragment of a shell. It was nearly torn off, near the shoulder-joint, but the hæmorrhage was trivial. He was dying of the shock. We gave him whisky, the only stimulant we had, with water, dressed the wound slightly, and left him to his fate.

Dr. Damainville and I now lay down upon our backs upon the floor beside the wounded; we could do no more—our last candle was burning. Some of us had seen all the wounded, probably 250 in number, and done for them all that lay in our power. I had drunk some buttermilk, and eaten a sandwich that Adjutant Washburn had held to my mouth once in the evening, but none of us had had any other food. I had sent Adjutant Washburn to overtake General McDowell early in the evening, and to represent our condition, but he could not find him, and returned without help. The two bottles of whisky, taken by my son from the ambulance, when we first came, were already nearly distributed to the wounded. They had not a morsel to eat; the ambulances were all gone, and had been for several hours. As we went into the street again, we found it was silent as the grave; the pickets even were gone, and except a few men, so soundly asleep under the trees that we could not awaken them, there was no one left in the road. After a second consultation we determined to go also. My assistants and myself soon found our horses, but the servant was gone, and with him the bridles, nor could we, after much search, and long and loud shouting, find him. I went back to the old stone church, and found one soldier, just brought in, whose wounds I dressed, and then said aloud to the poor fellows within: "Thank God, my boys, none of you are very seriously injured; you will probably all get well." To which I heard one or two feeble re-

sponses, "Thank you, Doctor, thank you." I could not tell them I was about to leave them, and I trust in leaving them so I did them no wrong. I could be of no more service to them until morning, and then I presumed they would be in the hands of a humane and civilized enemy, who would care for them better than we could. As I passed along out of the village, I requested one gentleman who lived there to look after them, and also of a man and wife with two daughters. They all promised to do what they could.

Our instruments we could not take. There were five of us, and two horses, and my son had sprained his anele, and could scarcely walk, so we went on towards Fairfax Court-House, and in half an hour we began to overtake the rear regiments, and soon I saw Dr. Woodward's cheerful face, begrimed with dirt like our own. I told him how we had left the wounded. There was no remedy, said he; they must be left. We hurried on, and at Fairfax Court-House overtook General McDowell, to whom I at once reported the condition and number of the wounded, and requested to be sent back if he thought it best. He replied, "You have done right, keep on to Washington." As I was leaving the gate he sent a messenger to call me back, and to ask me if I were walking. I replied that I was. "Gen. McDowell has here ten or twelve ambulances," said he, "for the wounded, which he obtained by a dispatch to Washington. He wishes you to ride." From Fairfax I rode until our ambulance broke down, filled with wounded. The wounded were transferred to another ambulance, and I again took to my feet, and occasionally to my horse. I reached Fort Runyon, opposite Washington, at about 10 A. M., and here washed my bloody hands and arms, for here I found the first water.

The wounded were scattered the whole distance from Centreville to Washington, not in large numbers, but here and there one could be seen, walking by the aid of one or two associates. In reference to the ambulances, the occasion of their absence from Centreville was simply, that the drivers became frightened, and to turn them back would have been impossible. Nor do I think it would have been possible for General McDowell to have sent one vehicle back beyond Fairfax at the time I saw him.

It is remarkable that most of the wounds seen by me were not of a character which would be likely to prove fatal. Perhaps the men most severely wounded were left upon the field, or were dressed by those noble surgeons who were near them, and some of whom lost their lives, while others gave themselves up as prisoners.

In no case did a wound seen by me require the use of a tourniquet,

although some of the soldiers had their limbs tightly girded so as to have already occasioned great swelling and pain.

Most of the balls extracted were spherical; and of those which I removed, the majority were removed through counter openings, the balls lying close against the skin.

Nearly all the soldiers that I have seen since the battle, in Washington and Alexandria, are doing well.

I must not omit to state that after I had left, and when I supposed our whole party was in front of me, Mr. Nourse, acting assistant apothecary in our regiment, went back with three horses, and placing three wounded officers upon them, sent them off, for which he would accept of no compensation. He then walked himself the whole distance to Alexandria. This, with many other signal instances of this young man's courage, endurance and humanity, deserves an especial notice.

My own regiment having, under its excellent commander, Col. Calvin E. Pratt, of Brooklyn, N. Y., covered the retreat of most of the forces, and especially of Hunt's battery, which took up a new position near Centreville early in the evening, left the ground at 11 P. M., and returned in perfect order to its old encampment near Alexandria. Before they left they received five successive volleys from the enemy's infantry, but not allowing their own fire to be drawn they saved themselves and their battery from being overwhelmed and taken. I must regard the coolness and discretion of Col. Pratt under these circumstances as the highest evidence of his capacity as a military commander.

FRANK H. HAMILTON, Surgeon 31st Reg. N.Y.S.V.

---

*Iodide of Iron in Phthisis.*—Having administered the syrup of iodide of iron, mixed with water, to twenty-five consumptive patients, Dr. Cotton establishes these conclusions: The syrup, in doses of one drachm twice or three times a day, occasionally produces headache with some dyspeptic symptoms; but for the most part it agrees well with consumptive patients. Although very far from exhibiting what might be termed a specific effect, it nevertheless seems to act very beneficially in a fair number of cases, especially where the disease is only in an early stage. Under its influence, the patient's weight is generally increased.—*Med. Times and Gazette.*



## Reviews and Notices.

---

*Transactions of the State Medical Society of Indiana: Twelfth Annual Session, held in the city of Indianapolis, May 21 and 22, 1861.*

The Committee on Publication of the Indiana State Society certainly deserve special praise for the promptness with which they have issued the Transactions of their late session in May; and we thank the Committee, also, for the pleasure we have received in the perusal of the little volume before us.

The staple of the two most important papers is the old and well-worn topic of medical education. First is the Annual Address of the President, Dr. B. S. Woodworth, of Fort Wayne; and yet, while the subject announced is trite, we can assure our readers that the style in which the matter is presented is most pleasantly fresh and piquant. It discusses medical men, deportment, books and opinions, ancient and modern, with taste and discrimination, and yet the characteristic manner of expression, as well as modesty of the author, is manifest throughout. It is a capital address.

Next in order comes the Report of the Committee on Medical Education, by Dr. J. F. Hibberd, of Richmond; and we wish that we had time to give a full synopsis of this paper: we will only endeavor to present the leading feature. After a brief introductory summary of points to be observed in professional culture and requirement, the Doctor proceeds to develop a plan for the elevation of the profession in the State of Indiana, somewhat as follows: Let there be created a "*College of Guardians of Health*," which is to originate or spring from the State Medical Society, by the appointment of fifteen of its "most accomplished medical men," who are to incorporate themselves under the general law of the State, and who thereafter are to examine all candidates for its honors, and confer diplomas on such as are found worthy. This College of Guardians, of course, is a higher degree in medicine. It is to be made an honor to hold its parchment; and as from time to time its numbers increase, this body will finally become the great prominent medical organization of the State. For its support many details are suggested. All the physicians of the State are to be required to take out a license to practice, which will create a "*Guardians of Health*" fund. This is to be drawn upon for the expenses of the Association. Certain officers are to be on salary; certain services are to receive compensation; libraries, cabinets, prizes, etc., are to be provided for. This brief outline will perhaps give an idea of the

plan developed in the report of Dr. Hibberd. We are not prepared to express our opinion of it. On general principles, we have long been averse to any legislation for the protection or elevation of the profession. The plan in this report is plausible, and presents attractive features; it is, however, something complicated, and will bear a maturer consideration than we have had time to afford it.

The remainder of the volume is taken up with several brief, but interesting reports. "On the *Microscope*," by Dr. C. West, of Hagerstown, gives a summary of important results obtained through this agency.

Dr. T. B. Harvey, of Plainfield, gives a clear summary of new remedies, that is valuable and interesting; and in conclusion, Dr. Comingore, of Danville, gives a report of several interesting cases occurring in his private practice.

In addition to these papers, thus briefly disposed of, we have the usual report of proceedings, rules and constitution, membership, etc. We notice the Society did itself the credit to elect Dr. Parvin, of Indianapolis, President for the ensuing year. The officers elect are—*President*, Dr. T. Parvin; *Vice Presidents*, Drs. C. West, H. Cox, A. H. Robbins, and J. A. Skinner; *Recording Secretaries*, Drs. C. Brown and J. W. Gaston; *Corresponding Secretary*, J. S. Athon; *Treasurer*, J. H. Woodburn; *Librarian*, J. J. Rooker.

The next session of the Society will be held in Indianapolis, the third Tuesday in May, 1862.

---

*Tenth Annual Meeting of the Illinois State Medical Society. Held in Paris, May 8th and 9th, 1860.*

This volume of Transactions is rather late in its issue, doubtless for reasons satisfactory to the Committee having this matter in hand. A number of extended and valuable reports are embraced in the Transactions, making the volume one of considerable bulk—more than two hundred pages. We regret that we have not time to give more than a notice of the papers, as several of them are prepared with more than usual care, and deserve more than a mere notice of their titles.

First we find a popular Address before the Society and the public, on the *Mutual Relations and consequent Mutual Duties of the Medical Profession and the Community*, by Prof. N. S. Davis, of Chicago—an old theme, and yet too little realized and appreciated. *Valedictory Address* of the retiring President, Dr. Prince, of Jacksonville. *Report of Committee on Diseases of the Eye*, by Dr. E. L. Holmes, of Chicago. Then follows a very mature and extensive report of *Inflam-*

*matory Affections of Female Breasts*, by Prof. W. H. Byford, of Chicago. *Report on Surgery*, by Prof. D. Brainard, of Chicago; this is also an extended report, and embraces the discussion of several very important topics, as ununited fracture, angularity of bone after fracture and anchylosis, treatment of chronic hydrocephalus by injections of iodine, iodine as an antidote to the venom of rattlesnake, etc., etc. *Changes in the Composition and Properties of the Milk in the Human Female*, also the food most proper for infants when deprived of the mother's milk, by Prof. N. S. Davis. *Report of Rheumatism*, by Dr. Whitmore; *On Veratrum Viride*, by Dr. A. Hard, of Aurora; *On Practical Medicine*, by Dr. C. Goodbrake, of Clinton.

Dr. Wm. M. Chambers was elected President for the past year.

---

### Editor's Table.

---

*Brigade Medical Appointments from Ohio.*—By a recent general order of the war department, we learn that the following gentlemen have been appointed Brigade Surgeons: Dr. Chas. O'Leary, from August 3, 1861; Dr. J. P. Robinson, from August 5, 1861; Dr. Wm. Clendenin, from August 5, 1861, and Dr. George C. Shumard, from August 5, 1861.

---

*City Hospital of Cincinnati.*—From time to time we have noted the steps which have been taken in the reorganization of the Commercial Hospital of Cincinnati. In accordance with the laws enacted by the Legislature, the Hospital passed under the jurisdiction of a Board of Trustees, constituted as follows: The Mayor of the city, and the oldest member of the Board of Trustees of the City Infirmary are members *ex officio*; the Governor appoints one, the Court of Common Pleas of Hamilton County appoints two, and the Superior Court of Cincinnati appoints two. We have already announced the names of the Board thus appointed. There has been a disposition on the part of the Board to proceed cautiously in the inauguration of the necessary changes contemplated in the new organization of the Hospital. The rules and regulations have been carefully remodeled, and the Regular Hospital Staff will consist of sixteen members, besides the Pathological Anatomist. Each member of the staff is required to give regular clinical lectures during the term of his service. In common with a large portion of the profession, interested in clinical



instruction, we have long advocated the policy which is now adopted in the control of this old and important institution.

We add the complete organization and staff of the Hospital, as now constituted :

## BOARD OF TRUSTEES.

|                                                                   | Time expires.             |
|-------------------------------------------------------------------|---------------------------|
| HON. GEORGE HATCH, Mayor of Cincinnati, <i>Ex officio</i> , ..... | May, 1862.                |
| G. LINDEMANN, City Infirmary Trustee, " " .....                   | May, 1862.                |
| N. W. THOMAS, Esq., appointed by the Governor, ....               | May, 186—.                |
| ALEX. LONG, Esq., appointed by Court of Common Pleas, .....       | May, 1862.                |
| J. J. QUINN, M.D., " " " " .....                                  | May, 186—.                |
| F. MAYER, appointed by Superior Court of Cincinnati, .....        | May, 186—.                |
| DAVID JUDKINS, M.D., " " " " .....                                | May, 1866.                |
| A. Watson, Superintendent, .....                                  | At pleasure of the Board. |
| Mrs. Watson, Matron, .....                                        | At pleasure of the Board. |
| A. Jacobi, Storekeeper, .....                                     | At pleasure of the Board. |
| — — —, Apothecary, .....                                          | At pleasure of the Board. |

## MEDICAL STAFF.

|                        | Medical Wards.                                     | On duty. |
|------------------------|----------------------------------------------------|----------|
| L. M. Lawson, .....    | October, November, December, April, May, June.     |          |
| Thomas Carroll, .....  | " " " " " "                                        | " " "    |
| John Davis, .....      | " " " " " "                                        | " " "    |
| C. G. Comegys, .....   | January, February, March, July, August, September. |          |
| James W. Graham, ..... | " " " " " "                                        | " " "    |
| W. W. Dawson, .....    | " " " " " "                                        | " " "    |

## Surgical Wards.

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Geo. C. Blackman, ..... | October, November, December, April, May, June.     |
| Wm. Clendenin, .....    | " " " " " "                                        |
| Jesse P. Judkins, ..... | January, February, March, July, August, September. |
| Thomas Wood, .....      | " " " " " "                                        |

## Obstetrical Wards.

|                     |                                                    |
|---------------------|----------------------------------------------------|
| M. B. Wright, ..... | January, February, March, July, August, September. |
| Wm. Carson, .....   | October, November, December, April, May, June.     |

## Diseases of Women and Children.

|                    |                                                    |
|--------------------|----------------------------------------------------|
| J. B. Smith, ..... | October, November, December, April, May, June.     |
| J. H. Tate, .....  | January, February, March, July, August, September. |

## Oculists.

|                    |                                                       |
|--------------------|-------------------------------------------------------|
| E. Williams, ..... | } { Not determined :<br>Act together for the present. |
| F. Schmidt, .....  |                                                       |

*Pathological Anatomist*..... W. H. Taylor.

*Resident Physicians*..... H. Eversman, T. J. Karber.

It is proper to say that Dr. George Mendenhall was elected to the department of Diseases of Women and Children, but feeling that his private professional engagements would not admit of that attention to its duties that the position required, he declined its acceptance.

We are pleased to learn that the Hospital is undergoing various repairs, and it is the design to make it as fit and comfortable as the nature of the present old building will allow.

*State Medical Board.*—At the third meeting of the State Medical Board, for the examination of candidates for the offices of Surgeon and Assistant-Surgeon, the following gentlemen were approved and recommended to the Governor for commission :

*Surgeons.*—J. R. Black, Hebron, Licking Co.; Abraham McMahen, D. E. Wade, Cincinnati; J. R. Arter, Salineville, Columbiana Co.; A. R. Fifield, Connéaut; Henry T. Greer, H. F. Grove, Washington, Guernsey Co.; Alex. McBride, Berea, Cuyahoga Co.; P. A. Gordon, Mansfield; Joel Pomerene, Mt. Hope, Holmes Co.; Alfred Taylor, Cleveland; W. H. Lamme, Centerville, Montgomery Co.

*Surgeon's Mates.*—B. F. Miller, Cincinnati; J. C. Denise, Dayton; J. L. Mounts, Morrow; W. H. Park, Tiffin; T. J. Smith, Warren; A. Wilson, Sidney; E. Y. Chase, Zanesville; A. Longwell, Delaware; W. R. S. Clark, Bucyrus; A. H. Bundage, Berkshire; J. H. Whitford, Circleville; A. G. Hart, Hartford, Trumbull Co.; Geo. E. Slood, Elyria; J. G. Purple, Painesville; E. Sinnet, Granville; C. B. Richards, Bellevue; H. L. Cheney, Groveport.

The following named Assistant-Surgeons were recommended for promotion: Drs. K. Wirth, 9th Regiment; R. W. Thrift, 13th Regiment; W. C. Daniels, 14th Regiment; J. G. Cleveland, 15th Regiment.

---

—We commend the attention of medical students to the following notice from the Surgeon-General U.S.A.

“SURGEON-GENERAL'S OFFICE, August 9, 1861.

“The following Act of Congress in relation to the Corps of Medical Cadets is published for the information of all concerned:

“‘SEC. 7. *And be it further enacted*, That there be added to the Medical Staff of the Army a Corps of Medical Cadets, whose duty it shall be to act as dressers in the general hospitals and as ambulance attendants in the field, under the direction and control of the medical officers alone. They shall have the same rank and pay as the military Cadets at West Point. Their number shall be regulated by the exigencies of service, at no time to exceed fifty. It shall be composed of young men of liberal education, students of medicine, between the ages of eighteen and twenty-three, who have been reading medicine for two years and have attended at least one course of lectures in a medical college. They shall enlist for one year, and be subject to the rules and articles of war. On the fifteenth day of the last month of their service, the near approach of their discharge shall be reported to the Surgeon-General, in order, if desired, that they may be relieved by another detail of applicants.’

“Application must be made to the Surgeon-General for admission

into the corps, in conformity with the above act, stating the date and place of birth, place of residence, period of medical studies, and enclosing the certificate of the dean of the college (or, when not obtainable, other satisfactory evidence of the fact), that the applicant has attended one full course in a medical college. Those applications must also be accompanied with testimonials of the good moral character and sound physical condition of the candidate.

"When an applicant is favorably considered, the candidate will receive a letter authorizing him to appear before an Army Board of Medical Examiners, who will make a special report in such case. From among those approved by the Board the Surgeon General will select such a number as the service may require.

"As the services of this class of medical and surgical assistants are at once required, applications (to be successful) should be promptly made to the Surgeon-General, who will direct the candidate to appear before one of the Army Medical Boards now in session in Washington and the city of New York.

R. C. Wood, Acting Surg.-Gen.

---

*The Boston Medical and Surgical Journal*, derives some philosophical comfort from the civil conflict in which we are engaged, and deems it fair to presume that with the huge evils of war, there will also issue certain benefits socially and professionally that are not to be overlooked. That journal has the following in a late number :

"A state of war is clearly providential, and hence must have been ordered for wise ends ; and it may fairly be supposed that not the least of the benefits of such a political storm must be to clear away the moral and mental rubbish that is so apt to accumulate in prolonged periods of national peace, and from which spring those noxious weeds, that left to flourish unchecked, would prove far more dangerous to a nation's safety than the means instituted for their destruction. Of this nature are the various forms of heresy, medical as well as political, which in these latter days have increased to an extent hitherto unknown. It is in times of national prosperity, when comforts and luxuries most abound, that the mind seems prone to expand itself in vain and foolish speculations ; and in a country like our own, where liberty almost to license is the rule, men are tempted to wander away from the broad gaze of the sun, lured by the uncertain and flickering light that dances in their own distorted and enfeebled imaginations. The experience of a thousand years is thrown aside to give place to the hallucinations of crazy enthusiasts, which in their turn give place to others, until the truth is entirely lost sight of, and men find themselves wanderers in dark and unknown regions. No surer remedy exists against such an evil than that whose operation we are beginning to feel.

"Another indirect effect of the prosperity with which our country has been peculiarly favored, has been a diminished moral tone, which has expressed itself by undervaluing many of the choicest of heaven's blessings. So wicked have men become, that the most sacred laws are violated without hesitation, to subserve some selfish end ; crimes have



become not uncommon to which were attached, in better days, the most fearful penalties. A recent writer, in allusion to one effect of the present crisis, truly says: 'We, to whom life ought to have been at a premium, have been less conservative of this precious commodity than Austria (whom we have often undervalued and despised), where life is redundant. Life has been habitually disregarded and wantonly wasted. The suicidal and murderous practices which exist in the community of preventing and destroying offspring have obtained such a hold upon large portions of the people, as to rank among the conservative virtues. This perversion of both natural and supernatural virtue will probably undergo speedy correction. Boys will be wanted to defend their country, replenish decimated ranks, and cultivate the neglected soil. They will soon become valuable; and the virtuous American matron, surrounded by a troop of fair daughters and stout sons, will not be reproached as a foolish person who has had a larger family than was convenient, but will be honored, as were the Roman and Israelitish matrons, for bringing forth and rearing children—the future life of the State.' Surely, if the ordeal through which we are now called upon to pass shall accomplish nothing more than to correct a vitiated public sentiment in matters medical as well as moral, and bring men back to a just sense of their higher duties and responsibilities, it will prove a blessing rather than a curse."

---

*Quacks a Hundred Years Ago.* — If our forefathers a hundred years ago could not boast of their mesmeric influences, or of table-turning, or of spirit-rapping, they were the victims of a marvellous list of quackeries of other descriptions, which were, perhaps, more injurious in their effects. It was literally the age of quack medicines, and every possible disease was fitted with its nostrum, all duly qualified by His Majesty's letters patent. There were "The Original Balsam of Health," otherwise called "The Balsam of Life," which is described as "the most admirable vulnerary in nature;" the "Golden Nervous Cordial, or Paralytic Drops," which was "the greatest preservative and restorer of health ever yet published," and had been "sent many years ago by Her Catholic Majesty to King James the First's consort;" the "Famous Sugar-plums for Worms;" the "Grand Elixir of Ease," which was a certain cure for the colic; and "The Much-famed Hypo Drops," which "infallibly cure melancholy in men or vapors in women." One "Doctor Toscano" declares himself able to find out and cure all diseases to which humanity is liable, adding, in conclusion, "I will forfeit one hundred guineas if anybody can prove to the contrary." Some of these medicines are put forward, under the name of the celebrated Doctor John Hill, the great medical and literary quack of the age; such as "Essence of Water Dock," a safe remedy for scurvy; and the "Elixir of Baridana," which was infal-

lible against gout and rheumatism. Those who needed the latter were encouraged by the information added to the advertisement, that "The baridana (burdock) is a common innocent British plant." Dr. Hill's "elixir" met with a rival in a medicine against the same diseases, by one Dr. Colley who announced as "an effectual remedy," his "Antiarthritick Wine," supposing, perhaps that the very name of wine was enough to cure a gouty patient. But all these inventions are thrown into the shade by the "Medicinal Arabian Quilt," wherein," we are told, "is infused salutary composition," consisting chiefly of "Eastern vegetables," and by "wrapping up in this quilt," sufferers under all sorts of diseases were to find quick relief. We learn from the same advertisement that "the author also has invented a medicinal paper cap, for the constant wear of those who are vaporous, or subject to catch cold;" and of this it is further stated, "likewise it refreshes the memory of the studious, particularly those who apply constantly to their pen, and is so curiously contrived that gentlemen (*sic*) may constantly wear them under their wigs, or even ladies under their caps." — *London Review*.

---

— In the battle of Bull Run the Medical Staff of the Army seems to have been severely exposed, and to have won deserved praise by its devotion to duty. The surgeons of the New York regiments especially suffered in their efforts to succor the wounded. In this connexion we have to record the death of Dr. Alfred Powell, Surgeon of the Second New York Regiment. A captain of that regiment writing to the *Evening Post* says: "We mourn the loss of our physician, Dr. Alfred Powell, a noble man, who refused to leave those under his care, and was brutally murdered while engaged placing our wounded in the ambulance." Dr. Powell was a highly respectable practitioner of New York, and relinquished a lucrative business to join his regiment. His death, under the circumstances above given, attests his devotion to duty in the face of danger, and affords another illustrious example of medical heroism. Among the prisoners we notice the following surgeons from New York city: Foster Swift, M. D., Stephen Griswold, M. D., Eugene Peugnet, M.D., S. Ferguson, M.D., Charles DeGraw M.D.; and from Brooklyn, J. M. Homeston, M.D., and F. Swalm, M.D.; from Maine, B. Buxton, M.D., A. Allen, M.D., A. A. G. Williams, M.D. It is stated that the prisoners are engaged in attending the sick in the hospitals. — *American Medical Times*.

[Many of the surgeons taken prisoners at the battle of Bull Run have been released on parole, and we take great pleasure in being able

to record the testimony of these gentlemen as to the kind treatment of the enemy, towards themselves as well as the wounded prisoners.—  
EDS. L. & O.]

---

*Death of Dr. Charles Parry.*—In the appropriate place appears the notice of the decease of Dr. Charles Parry, of Indianapolis. This is a great loss to the professional ranks, not only of his adopted city, but to the whole population of the state of Indiana. Dr. Parry stood by common consent amongst the very foremost of the physicians of his State.

---

*Tin Fracture Splints.*—Dr. E. S. Cooper, of San Francisco, recommends *tin fracture splints* instead of wood or other material. He thinks it the most convenient and easy of preparation upon an emergency; any tinner being able at short notice to furnish splints of any particular desired pattern, and the economy in expense being also quite an important item.

---

*Substitute for Lint in Surgical Dressings.*—A correspondent of the *London Lancet* suggests *perforated muslin* as a cheap and convenient substitute for patent lint. It is prepared for use by folding the muslin many times upon itself, and with a small punch and mallet perforating numerous holes at short distances apart.

---

*New Books.*—Just as we are going to press, we have received from Messrs. Blanchard & Lea the following works, which will receive early attention: Bumstead on venereal diseases, Barwell on diseases of the joints, Morland on uræmia.

---

—The State Medical Board will meet in Columbus, September 6th, for the examination of candidates for Surgeons and Assistant-Surgeons. Those who purpose going before the Board will apply to Dr. J. W. Hamilton, Secretary of the Board, Columbus.

---

*The New Anesthetic, Keroselene*, is just now attracting considerable attention. The *Philadelphia Reporter* says:

“Dr. E. Cutter, of Woburn, relates briefly, in the *New York Medical Times*, the effects of the new anesthetic, keroselene, in some experiments with it upon himself and several other members of the Middlesex East District Medical Society. They came under its influence immediately, he says, and also recovered from it well. In his own case, he remained under its influence half an hour, and in one trial insensibility was complete. It has also been used externally by Dr. Ingalls, in neuralgia.”



## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

### PRACTICAL MEDICINE.

1. *Treatment of Gout*.—Trousseau conceives the following combination, proposed by M. Baequerel, to be the most efficient: Sulphate of quinine, twenty-two grains; extract of colchicum-seeds, eight grains; extract of digitalis, four grains; divide into ten pills. Two or three of these pills should be exhibited in the course of twenty-four hours for two, three or four successive days. The success is sometimes wonderful, the excruciating pain of a genuine acute paroxysm yielding in seven or eight hours, and the attack itself subsiding in two or three days.—*Dublin Medical Press*.

2. *Tartar Emetic in Asthma*.—In three cases of long standing, Dr. E. B. Forsee obtained permanent relief by nauseating doses of tartar emetic with morphia: one-fourth or one-eighth of a grain of the one, one-eighth of a grain of the other, repeated every twenty, thirty or sixty minutes. When the spasmodic action abates, the patients are advised to take small doses of antimonial wine for some days.—*St. Joseph Medical and Surgical Journal*.

3. *Cure for Whooping-Cough*.—Dr. B. Woodward, of Galesburg, Ill., used a new formula with which he states to have succeeded beyond his most sanguine hopes. Take best roasted Java coffee, four ounces; boiling water, eight fluid ounces; displace and add loaf sugar q. s. to make a syrup. When nearly cold, add tincture of veratrum viride, two fluid drachms; fluid extract of conium, four fluid drachms. Give from one-half to one teaspoonful every four or five hours, till the cough is well. This treatment will effect a cure in from eight to twelve days.—*Med. and Surg. Reporter*.

4. *Cerasin in Ague*.—The editor of the *American Journal of Indigenous Materia Medica*, Dr. Keith, gives cerasin—the active principle of the choke-berry, *Cerasus Virginiana*—during the intermission in fever and ague, six or eight grains every three or four hours, and says its effects are marvellous.

5. *Scarlet-Fever and its Treatment*.—Dr. Z. Woodruff thinks death in scarlet-fever to occur in the majority of cases from the reflex action of the nervous system, the poison, by its primary action upon the skin, interrupting the functions of that organ and thus producing cerebral disturbance. The proper treatment, therefore, would have to quiet by all available means the irritability of the nervous system. One of the most effectual means for so doing is the free administration of anodynes, among which the various preparations of opium are the most reliable. Where opium is found to disagree, other anodynes may be substituted, as lupulin, belladonna, etc. The last-named is

valuable only when given in doses sufficient to quiet the nervous system, and not from its exerting a specific action in this disease. The room where there will be the least noise and confusion should be selected, air and sunlight freely admitted. The temperature should be as low as the patient will bear, without being chilly. While the skin is everywhere in a state of irritation, it is an impossibility to take cold. In this disease there is not only a morbidly excited vascular action of the skin, but intense nervous excitement. The effect of cold is to diminish both to that state which is requisite to enable the skin to perform duly its function. An increase of heat must be neutralized by a corresponding augmentation of the cold, which latter will be found to conduce to perspiration in all cases in which perspiration is prevented by an unnatural excitement of the skin. It is highly important that an equable temperature be preserved. Frequent sponging with cold or tepid water, if the heat of the body is above a natural standard, or if the patient is restless, is generally beneficial; although it should be discontinued if there is any sensation of chilliness. The extremities should be kept warm until the eruption makes its appearance among them. The bowels should be kept regular by gentle laxatives or injections. Ipecacuanha, tartar emetic and other nauseants are rather injurious than beneficial. No irritating applications should be made to those parts upon which the eruption has appeared; blisters are especially to be avoided. Among the various local remedies used for the throat affection, none answer so good a purpose as the Peruvian bark. As the eruption recedes, the flannels should be immediately re-applied, and the skin be rubbed with oil every day, until the new cuticle is completely formed. During this time, the room should be kept warm, the patient warmly clothed, cold drinks avoided, and exposure of every kind be carefully guarded against. Of sixty-nine cases treated in accordance with this rule, only one proved fatal. In small-pox and measles the same course may be pursued.—*Amer. Med. Gaz.*

6. *Benzia (Eupion Naphtha) in Rheumatism and Neuralgia.*—This substance is a light eupion oil obtained in the manufacture of coal and petroleum oils, entirely different from the hydrocarbon benzole, sometimes also called benzine, obtained by the distillation of coal tar or benzoic acid. Aside from its industrial and pharmaceutical uses, it is not without value as a therapeutic agent and has been used with no little success as a topical application in rheumatic and neuralgic affections. A piece of cloth or paper is saturated with it and bound to the part affected by several thicknesses of cloth, for as long a time as the patient can bear the pricking, burning sensation which follows. If necessary, the application should be repeated.—*The Druggist.*

7. *Oxygen in Asthma*—In this disease, says Prof. J. Rowell, the lungs are so constructed that they can not furnish to the blood its wonted amount of oxygen and eliminate from it carbonic acid. The treatment, therefore, has either to relax the spasm of the bronchial tubes and thereby increase the breathing capacity of the lungs, or furnish an atmosphere for the respiration of the patient richer in oxygen,

proportionate to the diminished capacity for breathing. Both of these indications are met in using stramonium and saltpetre. But the smoking of stramonium debilitates, is uncertain in its action, and dangerous. Chloroform, both by inhalation and external application to the chest, relieves the spasm much more effectually, more uniformly, and with greater safety to the patient. The only reason why the burning of saltpetre paper in the sick room relieves asthma, is the fact that oxygen is eliminated and the air is made richer in that element. The chlorate of potassa, treated in a similar manner, gives the same and greater relief, because from it more oxygen is eliminated. Better still is oxygen carefully prepared and set free in the sick room, or inhaled from an ordinary gas-bag, diluted with one, two or three measures of atmospheric air. In suffocation by the fumes of burning charcoal, the inhalation of oxygen would also resuscitate more promptly than any other agent.—*San Francisco Medical Press.*

Prof. Rowell is not aware of any previous recommendation of oxygen as a remedy for asthma. Its value, however, against that affection has been established a long time ago; we recollect it being mentioned in that connection at the time we were initiated into the secrets of materia medica. Dunglison's Medical Dictionary also enumerates asthma among the diseases in which oxygen has been used. As early as 1819 the Hanoverian Pharmacopœia contained these remarks about the same agent: "*Vis: pulmonibus haustis potissimum vitæ pabulum exhibens. Usus: in asphyxia submersorum, vel alio modo suffocatorum, in asthmate, et atonia pulmonium.*"

The following additional evidence is taken from a French dictionary of the medical sciences, published some twenty years ago:

"*Oxygen.*—Perhaps some advantages might be gained by the inhalation of this gas in chronic bronchitis, in the so-called humid asthma, and in those asthmatic affections where the nervous system appears principally affected. Such an expectation is at least encouraged by the experience of Beddoes, Fourcroy, Meusching, Chaptal, and others."—*Leop. Destandes.*

"*Asthma.*—Several authors, among them Fourcroy and Beddoes, have proposed the inhalation of oxygen as a remedy well adapted to relieve the dyspnœa of asthmatic patients. But the little success so far obtained, as well as the difficulty to prepare the gas at the time it is wanted, have led to an abandonment of this remedy almost everywhere. We can comprehend, however, how the same, under appropriate conditions, combined with atmospheric air, might in some cases produce happy effects."—*P. Jolly.*

So it seems Prof. Rowell made no new discovery at all; but he should have the credit of again calling attention to a perhaps unjustly forgotten, and undoubtedly powerful remedy.

8. *Acute Morbus Brightii.*—At the Edinburg Infirmary, in the wards of Prof. Hughes Bennett, there have been several cases of this disease in the acute form; the principal remedy applied in the treatment has been the bitartrate of potassa, under the action of which the patients have done remarkably well.



## SOME NEW FORMULÆ.

9. *Dyspeptic Bitters*.—R. Gentian root bruised, orange peel, each two ounces; quassia, rasped, half an ounce; cardamon seed, bruised, half an ounce; caraway, bruised, half an ounce; cloves, bruised, two drachms; dilute alcohol, one gallon. Mix, and prepare according to art.—*Druggists' Circular*.

10. *Brown's Bronchial Troches*.—R. Powdered extract of liquorice, one pound; powdered sugar, one and a half pounds; powdered cubeb, powdered gum arabic, each four ounces; extract of conium, one ounce.—*Ibid*.

11. *Thompson's Eye-water*.—R. Sulphate of copper, ten grains; sulphate of zinc, two scruples; rose water, two pints; tincture of saffron, tincture of camphor, each half an ounce. Mix and filter.—*Ibid*.

12. *Anti-Asthmatic Cigarettes*.—Mr. Dannecey, of Bordeaux, in order to obviate the very inconvenient smoke arising from cigarettes containing the leaves of belladonna and stramonium, waters these plants, dried and conveniently spread out, with a solution of nitrate of potassa, in the proportion of three ounces of the salt to rather more than two pounds avoirdupois of the plants.—*Amer. Jour. Indig. Mat. Med.*

13. *Alum Lozenges*.—Instead of the alum gargles prescribed for pharyngo-laryngeal angina, the aphony or dysphonia of professional singers, and for apthæ of the mouth, Mr. Argenti exhibits with benefit the following lozenges: alum, tragacanth, sugar, and cherry-laurel water, of each q. s. for lozenges weighing seven grains and containing each about half a grain of alum. The well mixed mass is spread over a sheet of paper, distributed into lozenges, and dried at a mild heat. They are allowed to melt in the mouth.—*Championnière's Jour.*

14. *Liquid Sinapism with Glycerine*, by Dr. Grimault.—R. Glycerine, thirteen grammes; starch, twenty grammes; essence of mustard, ten drops.—*Jour. Mat. Med.*, from *Jour. de Chem. Med.*

15. *Citrine Ointment made with Bears' Oil*.—Mr. Wm. Pr. Creecy, of Vicksburg, Miss., sent a specimen of this preparation to the editor of the *Amer. Jour. of Pharmacy*, who publishes the recipe: Mercury, one ounce; nitric acid, fourteen fluid drachms; bears' oil, thirteen fluid ounces. Heat the oil in a porcelain capsule to 200° F., and add the solution of nitrate of mercury gradually, stirring continuously till effervescence ceases, and frequently till cool, with a glass or porcelain spatula.

16. *Michaleskul's Gout Paper*.—R. Gum euphorb., three drachms; Venice turpentine, three drachms; cantharides, six drachms; spirit of wine (90 per cent.), four ounces. Digest the euphorbium and cantharides, powdered, with the alcohol; then add the turpentine. Fine paper is dipped into this tincture and dried in the air. At Jassy this paper is sold under the name of *papier faiard*, or *papier schemik*. Similar formulæ are officinal in several European countries.—*Druggist*, from *Pharmaceut. Centralbl.*

17. *Pierlot's Valerianate of Ammonia*.—R. Acid. valerian. hydr., three grammes ; liq. ammon. fortiss., one gramme ; ext. valerian. alcohol, two grammes ; aqua distil., 94 grammes. Dose, for adults, from one to three teaspoonfuls daily, with a little sugar-water.—*Jour. and Trans. Maryland College of Pharmacy*.

18. *Astley's Hair Lotion*.—R. Oil macis, expr., half a drachm ; olive oil, two drachms ; rosemarin oil, four drops ; liq. ammon., two drachms ; rose-water, three ounces and two drachms ; rectified alcohol, two drachms. Incorporate the oils carefully, then add gradually the waters, constantly agitating, and finally add the spirit.—*Druggist*.

19. *Effervescent Solutions of Citrate of Magnesia*.—In a report to the Paris Pharmaceutical Society, Messrs. Vuatlart, Dalpiaz & Leport have proposed five of these solutions, prepared from citric acid and carbonate of magnesia, in the proportion, respectively, of 19 : 12, 25 : 16, 28 : 18, 32 : 21, and 36 : 24 grammes. The carbonate being rubbed up in a porcelain mortar with a twenty-fold weight of water, and poured in a mineral-water bottle, the acid is added in crystals, the bottle well corked and tied over, and set aside for from six to ten hours. Then filter the solution into another bottle, upon two drachms of citric acid in crystals, and two ounces of some flavored syrup (not clarified with white of egg) ; finally fill the bottle with water in the usual manner, cork and tie over.—*Druggist's Cir.*

20. *Cachou Aromatique Italienne*.—R. Extract of liquorice by infusion, water, each one hundred grammes ; dissolve in water bath and add powdered catechu, powdered gum, each thirty grammes. Evaporate to the consistence of an extract, and then incorporate the following substances, reduced to powder : Mastie, cascarilla, charcoal, orris root, each two grammes. Concentrate the mass, remove it from the fire, and then add, oil of peppermint, two grammes ; tincture of musk, five drops ; tincture of amber, five drops. Pour it on a marble previously oiled, and roll it by means of a roller to the thickness of a ten-cent piece. When the mass is cold, remove the oil from both surfaces by means of unsized paper, moisten it slightly, cover it with silver paper, let it dry, then cut it into narrow strips, and divide these into minute squares or lozenges.—*Druggist, from Bull. de Therap.*

21. *Ointment for Warts*.—R. Chromate of potass, two grains ; lard, one drachm. Mix. Rub the warts with it twice a day, for three or four weeks.—*Ibid.*

22. *Huxley's Liniment*.—R. Oil of Camphor, tincture of opium, each one ounce ; tinct. of cantharides, three drachms ; tinct. of arnica, four ounces.—*Ibid.*

23. *Glycerole of Lead*, suggested in the *Jour. and Trans. Maryland Coll. Pharm.* as a substitute for Goulard's cerate.—R. Pure glycerine, thirteen and a half fluid ounces ; solution of subacetate of lead, two and a half fluid ounces ; camphor, one drachm. Triturate the camphor into powder with a few drops of alcohol, add the glycerine, heat in a water-bath until the camphor is dissolved ; when cool, add the solution of lead and shake well together.—*Jour. Mat. Med.*

24. *Glycerole of Zinc*.—R. Sulphate of zinc, two drachms ; glycerine, two ounces. Triturate together until the sulphate is completely dissolved. A good application for external hæmorrhoids, brushed over with a camel's hair brush.—*Dr. C. A. Hartmann, Cleveland.*

25. *Unguentum Glycerine*, by Prof. Simon. of Berlin.—Five parts of glycerine mixed with one part of amylum. This is preferable to similar substances for many reasons. Extracts and soluble salts may be mixed with it.—*Med. Gaz. and Times, from Varges' Zeitschr.*

26. *Pepsine Wine*.—R. Starchy pepsine, one drachm and a half ; distilled water, six drachms ; white wine, fifteen drachms ; white sugar, one ounce ; spirit of wine (33°), three drachms. Mix until the sugar is quite dissolved, and filter. Dose, one tablespoonful (equal to fifteen grains of pepsine), to be taken after every meal.—*Am. Med. Monthly.*

#### OBSTETRICAL.

27. *Pathology and Treatment of Diseases of Menstruation*.—Amenorrhœa, dysmenorrhœa, and menorrhagia, are the affections classed together by Dr. A. B. Tucker, of Savannah, Ga., as constituting the menstrual difficulties proper. The true seat of these diseases are the ovaries, and they should consequently be the object of attack in our treatment. Two conditions of the ovaries are the main causes of all menstrual disease : congestion and anæmia. The treatment should be on general principles, by the means ordinarily recommended for either of these two conditions. Lupulin seems to have just as well a direct action upon the ovaries, as it affects the testicles ; there is no remedy which controls the diseases of menstruation more effectually than this. It has been successfully exhibited in menorrhagia, threatening abortion, and suppressed menses, in doses of three, five and ten grains, partly alone, partly combined with carbonate of iron or sugar of lead. The irregularity was, in every case, speedily removed, and miscarriages twice prevented.—*Savannah Jour. of Med.*

28. *Dysmenorrhœa and Sterility*.—Excepting neuralgia and inflammation, Prof. R. B. Cole includes all other conditions that are apt to produce painful menstruation, under the head of mechanical causes, and pronounces these to be by far the most frequent in this country. The mechanical obstruction offered by congestion, membranous exfoliation, and narrowness of the canal of the cervix, evidently prevents also conception ; hence the indications for the treatment are the same for such cases, no matter whether they are called dysmenorrhœa or sterility. Besides alteratives, purgatives, and other remedies that may be required, dilatation of the urethral canal is the only reliable treatment. Stricture of the cervix, the most common cause of sterility, is often dependent on retroversion of the uterus. This, of course, should be rectified. Dilatation is effected by a piece of compressed sponge, introduced to the point of stricture, and previously guarded with a ligature. It is replaced by a fresh piece in twenty-four or forty-eight hours, and when the dilatation has thus been carried sufficiently far, the English elastic bougie is substituted, being introduced at least once



in forty-eight hours, and at each operation one a size larger than was used previously, being selected. This must be continued for some weeks, or until the part ceases to contract.—*San Francisco Med. Press.*

Division of the cervix by Simpson's hysterotome, as recommended by Dr. Sp. Wells, seems to be a speedier remedy for such cases as referred to above.

## MATERIA MEDICA.

29. *Arnicine*, the supposed active principle of arnica-flowers, has been obtained by Mr. Paresi, a pharmacist of Mortara, by mixing four parts of the flowers coarsely pulverized, with one and a half part of hydrated lime, and treating them in the warm bath with from sixteen to twenty parts of alcohol at 32° or 35°. This process is repeated three times; the alcoholic solutions thus obtained, being mixed and filtered, are poured into an alembic of tinned copper and distilled in a water bath, in order to remove the most of the alcohol; then being removed from the fire, concentrated acetic acid is added in excess and the mixture allowed to rest for twenty-four hours. The arnicine is deposited on the side of the vessel in a flocculent condition, and partly at the bottom of the receiver. It can be collected on filter paper, and washed with common water. The decoloration is obtained by washing with boiling alcohol at 36°, and treating with animal charcoal. The alcoholic solution of the arnicine is then distilled in a glass retort so as to remove the most of the alcohol; the residum is poured into a porcelain capsule and evaporated to dryness with the aid of a gentle heat. On cooling, the product is collected and preserved in a ground stoppered flask. Arnicine is amorphous, of a resinous appearance, tenacious consistence, bitter, nauseous, acrid taste, dark yellow color. It is insoluble in common water and slightly soluble in warm, concentrated alcohol and in ether.—*L'Union Médic., Journal Maryland College of Pharmacy.*

30. *Polypodium Incanum*.—This plant is stated by Dr. W. R. Smith, of Petersburg, Tenn., to have been used by physicians in that locality, against diseases of the urinary organs attended with dysuria, and with considerable relief. A tea of the plant seems to diminish the quantity of urine. It was exhibited successfully in a case of supposed enlargement of the prostate gland, with frequent desire to urinate and almost inability to pass the urine, it coming away in a very small stream, and with excruciating pain. Dr. Smith thinks it would be a valuable agent in diabetes.—*Nash. Jour. Med. and Surg.*

31. *Toxical Accidents from Santonine*.—In a report to the "Société Brésilienne de Pharmacie," (*Gaz. Hebdom.*, 6th April, 1860, from *La Espana Medica*, 13th Oct., 1859,) Drs. Dantas, Janvrot and Vieira, ascribe the toxicological effects observed after the administration of santonine (some cases of which have also happened more recently at Bruxelles) to an admixture of strychnine. They say: "The six cases of poisoning examined, one of which proved fatal, were all the results of santonine obtained at the drug store. Calomel having been admin-

istered at the same time, the question might be raised, if not the simultaneous exhibition of the two substances was the source of a danger which would not result from the use of santonine alone. Our experiments have decided this question negatively; but the chemical analysis has demonstrated that the santonine furnished by the drug store in question contained strychnine, in the proportion of twenty per cent. In the case of Mr. Simons, the proportion was even greater (five parts of strychnine to four of santonine), and the patient died in a short time after taking the vermifuge powder.

32. *Japanese Isinglass*.—Two specimens of this gelatinous substance, which is used by the Europeans in China as a substitute for true isinglass, have been examined by Daniel Hanbury. It has the form either of compressed, irregularly four-sided sticks, or of long, shriveled strips, about one-eighth of an inch in diameter. Immersed in water, either kind increases speedily in volume. Though not soluble in cold water to any important extent, the substance dissolves, for the most part, when boiled for some time, and the solution gelatinizes upon cooling. This property is due to the same principle which mainly forms the celebrated Chinese swallow-nests, and was named by Mr. Payen (*Comptes Rendues*, Oct., 1859) *gélöse*. It is a product of Japanese sea-weeds. The jelly of gelose is so little prone to undergo change that it is sometimes imported, ready for use, from Singapore to London, under the name of *sea-weed jelly*. In this state it may be kept for years without deterioration. Of the botanical origin of crude gelose, or Japanese isinglass, and the mode of its preparation in Java and China, we are not informed. It may be extracted from various sea-weeds, for instance, *Gelidium corneum* Lamour., and *Gracilaria lichenoides* Grev. The former is certainly used by the Chinese, with *Laurencia papillosa* Grev., *Laminaria saccharina* Lamour., *Porphyra vulgaris* Ag., and another species of *Gracilaria*, apparently *G. crassa*. One of the species known as *Agar-agar*, the *Euchema spinosa* Ag., is largely collected in the Indian Archipelago for exportation to China.—*Lon. Pharm. Jour.*

33. *Sulphate of Lime*.—Starting from the fact established by the investigations of Liebig and Dr. C. Schmidt, that phosphates, and especially phosphate of lime, exert an important action on the formation of cells, and thinking the phosphatic salts to some degree wanting in the blood under certain morbid conditions, Dr. Bencke, of London, tried them in scrofulous affections. He prepared the phosphate of lime by adding phosphate of soda to muriate of lime in solution. Of the product he administered one, two, three grs., according to age, twice or thrice a day to scrofulous children, with ulcers, impetigo of the head, and ophthalmia. Six cases, of which the details are given, show a surprising success. After having resisted, in most instances, a long and judicious treatment, all the ulcers and the eruption healed in a short time, and the case of ophthalmia improved considerably, under the internal use of the phosphate alone, no topical means being employed. It is understood, however, that the scrofulous diathesis itself is not ameliorated by this treatment.—*Oglethorpe Med. and Surg. Jour.*

## *Special Selections.*

### **On the Value of an Anæsthetic Aid in Midwifery.**

BY CHARLES KIDD, M.D., M.B.C.S.

IN obstetric practice, the instances where the author has found the inhalation of ether or chloroform to be called for in a special degree, and where anæsthetic aid has proved decidedly useful, have been cases of version, forceps, twins, convulsions, and crotchet operations. He has known chloroform used in puerperal mania, but its apparent effect is perhaps a coincidence, and not of a curative nature. The author referred the Society to his previous work on "Anæsthetics," where the result of 360 cases of midwifery treated under ether, and 1700 under chloroform, without accident from fatty heart, are described. Of these two agents, (though there have been twenty-five deaths from ether in general surgery) he believes ether is superior to chloroform in relaxing rigid perineum in labor, and otherwise acting on the muscle of the uterus, in version cases particularly. There have been no accidents from chloroform in about 30,000 cases of midwifery conducted with the aid of these agents. The mode of applying chloroform in the lying-in chamber recommended was that which is adopted now by all the chief obstetric practitioners in Europe and America with whom the author has personally communicated on the subject. In midwifery practice, the error of using "mixtures" of ether and chloroform was explained, as a patient, supposed to be inhaling a mixture, is in reality inhaling pure ether, and there is a danger of confusion arising in mistaking one anæsthetic for the other. A new anæsthetic of chloroform and ergot mixed was also mentioned.

Cases of twins, where the second child presents with an upper extremity, "the pains severe and continuous, so that it was next to impossible for the accoucheur to introduce his hand to turn the child," were first described, where chloroform is invaluable, if there be no contra-indication of diseased heart, etc. The several indications in undilated os uteri for tartar emetic, liquor opii, or chloroform, from the result in actual practice, were explained. Next, those cases of twins were pointed out, where at one particular stage it is judicious to allow an interval of rest to the uterus; here ammonia and ergot act like a charm; not that chloroform is injurious, but it requires to be given before or after ergot, and not at the same time. The author said that if, in journals, half the attention were given in fact to these points that is given to quack compounds of chloroform, all would be right.

In some cases of twins, so is it in some cases of "tedious labor;" the patient requires an interval of rest to renew reflex action, and remove the effect of exhaustion, "false pains," emotion of a depressing kind, sleeplessness, etc. Thus, an inexperienced or constitutionally delicate young woman, with her first or second child, becomes



alarmed, sleepless, etc., during her labor. Some indigestion, diarrhoea, or fright, has hastened her labor before its time. The first stage of labor has been attended with suffering, followed by fatigue. Here the pains are ineffectual in advancing the labor; but if there be no diseased heart, or other contra-indication to anæsthetics, the author strongly advocates their administration, in the manner pointed out in the memoir.

How does sleep during labor differ from anæsthesia? Sleep, according to the author, occurs only when there is exhaustion of sensorial or muscular power; anæsthesia is best where there is no exhaustion; it is independent of sleep. The reflex power of Marshall Hall is the frontier or limiting line between sleep and anæsthesia; in sleep it is active, in anæsthesia absent. In tedious labor, the agony and pain will not permit the poor woman to sleep. Even opium is followed but by a tedious intoxication, without sleep, for hours; but chloroform is not an intoxicant, and acts at once and quite as safely. A patient in ordinary anæsthesia may be said to be doubly asleep. This is what is wanted for a short time in this class of labors, as thus reflex, sensorial, and muscular power are renewed. Emotion, also, is removed out of the way by chloroform sleep; and by a confident, cheerful demeanor on the part of the accoucheur, he may effect as much in two or three hours by chloroform as he might in almost as many days by delay, and opium, and waiting for nature.

Cases of versional delivery, with and without chloroform, were next minutely described and compared: cases especially of excessive sensibility of the os uteri and vagina, where the waters have long come away, and the uterus has closed with spasmodic force over the foetal hand and arm. One well-known obstetrician has had 300 such cases; and he is every year more and more satisfied with the aid afforded by chloroform. The value of versional delivery and its *rationale* were also enlarged upon, as well as the much-to-be-desiderated probability of the abolishing of craniotomy, and of many cases where the forceps is unnecessarily and cruelly restored to at present.

Next to version cases, the usefulness of chloroform in forceps patients was explained, and directions given as to mode of administration. Chloroform in abortion cases at the fifth or sixth month, as advocated by Dr. Tyler Smith, was also dwelt on; and even in cases of placenta prævia, as administered by Professors Simpson, Denham, and others. Chloroform, as facilitating delivery by means of version, has been tried with advantage to anticipate hæmorrhage. Ammonia or brandy is first given, chloroform then administered, the feet brought down, and the remainder left to nature as the chloroform wears off.

The treatment of particular forms of puerperal convulsions by chloroform was entered into and explained, especially its usefulness in that form common in poor unmarried women—convulsions the consequence of mental emotion, or epileptic excitement; but in the class of cases tending towards, or the result of apoplexy, and those with albuminuria, the use of chloroform or opium must be somewhat secondary, Dr. Kidd thinks, to the general treatment and general relief of the congested cerebral or spinal membranes. The author is not favorable to the use

of anæsthetics in the simple hysteric varieties of the disease, hysteria generally being one of the contra-indications to the administration of chloroform.

The law of tolerance of chloroform in midwifery is not unlike that of the tolerance of ammonia, steel, bark, wine, opium, etc. All these medicines are of exceeding value where there is present shock to the nervous rather than to the vascular system. Chloroform is invaluable where there is exhaustion, debility, or shock, the result of great or long-continued pain; where there is loss of nerve force, or convulsions from excess of reflex irritability or pain, or mental emotion or excitement, etc. But chloroform is of less importance, as even wine, bark, iron, ammonia, etc., are of less use where there is exhaustion, hæmorrhage, hectic, diarrhœa, exhausting suppuration, etc. Such diseases as chorea, asthma, whooping-cough, tetanus (not unlike puerperal convulsions,) are blotted out by chloroform, no matter how apparently weak the patient may seem; but it is different with debility from hæmorrhage or diarrhœa.

The author's further experience of chloroform, in operation cases of craniotomy, vesico-vaginal fistula, ovariectomy, enucleation of uterine tumors, etc., in which he has administered it largely, was, in conclusion, recited.

Dr. Tanner stated that he made it a rule always to take chloroform with him to every case of labor. When the pains become bad, he explains to the patient—provided he finds no objection to the employment of an anæsthetic—that he can relieve her of all suffering, if she wishes it, by means of chloroform. Many patients are anxious to inhale: a few decline. During the present year, Dr. Tanner had only one case in his private practice which had caused him much anxiety; and in this the dangerous symptoms arose, as he believed, from the formation of a clot in the right side of the heart. This lady did not take chloroform. Dr. Tanner observed that he was careful only to give this anæsthetic during labor pain, taking away the handkerchief or inhaler directly the pain went off. Stating the results of his experience briefly, he might say that he had never found chloroform do harm, but, on the contrary, much good; while it shortened the after-period of convalescence. He was careful, in cases where he found hæmorrhage, to give a large dose of ergot towards the close of the labor; but he did not object to the use of chloroform as well. In operative midwifery anæsthetics were invaluable.

Mr. Gervis referred to two cases of death from chloroform which had come under his notice in hospital surgical practice, in both of which the patients had previously been the subjects of delirium tremens; and in both the muscular tissue of the heart was found, after death, to be soft and greasy—a condition, indeed, which the result of many examinations showed to be tolerably uniform in most cases of death from delirium tremens. Mr. Gervis considered that these cases, though not obstetric, would tend to corroborate the view of the unadvisability of administering chloroform in labor where the patients had been the subjects of alcoholism.

Dr. Barnes rose to disclaim all responsibility in the case of death af-

ter chloroform which Dr. Kidd had cited in connection with his name. The case had been related by Professor Faye, of Christians. He (Dr. Barnes) had simply recorded it in an English journal. With respect to the use of chloroform in obstetrics, Dr. Barnes had found, in large experience of turning, that in many cases chloroform did not facilitate the operation. The influence of the brain removed, the excito-motory system seemed to act more violently, and sometimes spasmodically, the uterus resisting the introduction of the hand. Under ordinary circumstances, turning could not be regarded as a severe or painful operation. Delivery by turning was sometimes less painful than by the head. Again, in ordinary forceps cases, chloroform was certainly not required either to facilitate the operation or to allay pain. In operative midwifery, chloroform was most useful in turning where there was unusual difficulty, and in difficult delivery after craniotomy. It appeared to him incomprehensible how a special immunity from the perils of chloroform should pertain to puerperal women. To say that 40,000 women had taken chloroform in labor, without any mishap, was one of those vague statements which were entitled to little weight. He had himself given chloroform to facilitate the extraction of an adherent placenta, and had witnessed such exceeding prostration for three hours afterward as to make him and another practitioner, who assisted, apprehensive of the instant death of the patient. He should be sorry to have it supposed that he entertained any prejudice against chloroform. He knew its value in certain cases, and gave it with care, and yet without timidity, and should not be deterred either by the bad effects he had witnessed or by those he had heard of, from giving it on proper occasions. He had been especially gratified with the beneficial effects of chloroform in cases of great nervous excitement, where the patients labored under a sense of dread of impending danger, and where even convulsions seemed to impend. He believed he had thus averted convulsions, and had certainly accelerated labor. He thought it worthy of inquiry why anæsthesia had made so little progress in Germany, where interference in labor was so much more general. It was also worthy of remark, that English midwifery maintained its greatly superior success, notwithstanding the introduction of chloroform.

Dr. Gream said that, from some observations which had been made, it might be inferred that chloroform was but little used in midwifery in London; but he was sure that in no place was it more extensively employed, and he could positively state that amongst the upper classes it was almost universally employed, but with a general feeling of abhorrence of anything like intense insensibility. Surprise had been expressed by Dr. Barnes at the statement that so large a number of cases had occurred in which chloroform had been used in midwifery without any accident; but there appeared to be no difficulty in understanding this, for it should be remembered that it was never right, nor was it required, to carry insensibility so far as in surgery; and he (Dr. Gream) was sure that all the fatality which had attended the exhibition of chloroform in midwifery had arisen from some little want of care, or from a want of appreciation of its power. When anæ-



thesia was first introduced he had opposed, with others, the indiscriminate use of it, for he thought that at that time it was recklessly employed; and he believed that the present safe and efficient manner in which it was exhibited in London was the result, in a great measure, of the opposition offered to its former indiscreet and dangerous employment. It was a fact, that no death from chloroform in midwifery had occurred in London; but allusion having been made to two authorities "beyond the Tweed," it was right to state that *there* the same immunity from calamity had not been enjoyed; yet he felt sure that no agent could be more safe, and none more beneficial, than chloroform in midwifery when properly administered. He thought the author of the paper had unintentionally exaggerated the ill effects (if there were any), and also the good effects, of chloroform. For three reasons he (Dr. Gream) thought chloroform the most beneficial in labor: it removed pain, it rendered turning more easy, and it facilitated recovery; while the only detrimental effect was in protracted labor with pelvic contraction, where, by lengthening the intervals between the uterine pains and slightly diminishing uterine power, it might cause delay; but its advantages in all other respects made full recompense for this one drawback. In instrumental delivery of every kind it was most advantageous, and he had seen fewer cases of hæmorrhage since he had employed chloroform; indeed, he had exhibited it to patients who had habitually been subject to this occurrence without hæmorrhage supervening—a fact worthy the attention of theorists, but nevertheless a fact. Each person had his own way of administering chloroform. He had tried several plans, but of late years he had employed a common tumbler, into which he placed the chloroform, together with a clean pocket handkerchief moistened with about two drachms of the fluid. This quantity ought to last two hours or more. The patient's face projected over the side of the pillow, and the nurse or the husband (strictly under his direction) placed the tumbler under her nose and mouth at a distance of about an inch and a half or two inches, and thus the vapor rose perpendicularly toward her. She soon expressed a sense of giddiness; but the tumbler was still retained, until there was nearly an inability to answer any simple question put to her, and that should be the point beyond which no advance should be made. The chloroform should be now removed, and be replaced in a few minutes; and by thus being replaced and removed from time to time, while the pulse is felt and the respiration watched, a labor might be conducted through its stages without danger and without pain. He had never, during the number of years he had employed chloroform, had one moment's anxiety as to its effect upon any patient to whom he had administered it. The object of the handkerchief in the tumbler was to prevent any chloroform from running out or escaping on the bed if the tumbler fell over. He had found that any handkerchief or machine with which it was necessary to touch the face had the effect of rousing the patient, and thus did harm.

Dr. Druitt said that he believed that there were few labors in which chloroform might not be used with benefit at some stage or other; and that even when all the earlier stages go on easily and well, it is the

greatest comfort at the final moment when the head emerges from the outlet. He did not believe that chloroform predisposed to hæmorrhage; on the contrary, he knew women who had flooded severely in earlier labors, when they had no chloroform, and who had been confined under chloroform subsequently without hæmorrhage. Neither does it seem to retard uterine action after the first inhalation or two, provided that it be used in the small doses which reason dictates; nay, it removes that obstacle to uterine action which is created by excessive sensitiveness of the orifice and passages, and which causes uterine action to be abortive. He knew a case in which, after a very slight inhalation, enough to tranquilize, but not stupefy, the head was driven through, with rupture of the perineum—that external sensitiveness having been allayed which is a bar to uterine action. In cases of protracted labor from rigidity, such as happen to robust women who marry rather late in life, the blessing of chloroform was incalculable. These were the cases formerly treated by bleeding, tartar-emetic and opium; and in opposition to the author, both opium and emetic tartar, in minute doses, were admirable adjuvants in the proper cases. No amount of torture equaled that which many women endured from excessive uterine action and quasi-inflammatory rigidity of the os, and chloroform agreed well with any other proper remedy that might be devised. The only reservation he would make was, that chloroform should be used in the minutest quantity, and the minutest quantity sufficed. Two drachms were enough in most labors, a few drops at a time, to imitate the normal condition of labor; that is, a short snatch of refreshing sleep at the end of every contraction, and a little drowsiness beyond. He had met with two cases in which a very small quantity of chloroform produced symptoms of angina pectoris, in women whose hearts were weak, and in such cases he thought that the risk ought not to be run.

Mr. Browning's experience was in favor of the use of chloroform, especially in complicated and difficult cases of midwifery.

Dr. Rogers was glad to hear Dr. Gream so candidly avow the alteration of his opinions on the subject of chloroform in midwifery. Dr. Rogers knew of one case, which occurred at Camden-town, in which death took place apparently in consequence of the employment of chloroform in midwifery. In his own practice he had never met with the slightest accident from its use.

Dr. Graily Hewett stated that the fatal case alluded to by Dr. Rogers, and which occurred some three years ago, was, as he had been informed, one in which the patient was laboring under alcoholism when the chloroform was administered; the gin-bottle was, in fact, found under the pillow after the patient's death. This case was therefore confirmatory of the opinion advanced by Dr. Kidd as to the danger of chloroform in such cases—an opinion also supported by Mr. Gervis's experience. With reference to the general question of the dangers of chloroform in midwifery practice, he considered that there could be no reasonable doubt that chloroform was neither more or less safe in cases of midwifery than in other cases. It was well known that in operations generally, chloroform had not been proved always safe; and it

was as reasonable to suppose that death might occur after the use of chloroform in midwifery, as after the use of chloroform under other conditions, the result not being connected in any way with the special circumstance that the patient was in labor at the time of its administration. One question—a very important one, as he considered—had not been touched upon by the various speakers, excepting in a very incidental manner—namely, the effect of the employment of chloroform in cases of puerperal convulsions. On the data furnished by various recorded cases, he had failed to arrive at any sufficiently general conclusions in answer to this question. The difficulty of establishing the relation of cause and effect, as regards the action of medicines, was universally admitted; and in reference to the supposed beneficial or other effects of chloroform in puerperal convulsions, the tendency of the evidence as yet adduced was not always uniform. In a case recently published in one of the American journals, the patient being affected with uræmic symptoms, the occurrence of puerperal convulsions was anticipated, and chloroform was given to ward them off. The chloroform did not, however, prevent the access of the convulsions, although it is stated that they were modified and lessened under its influence.

Dr. Tyler Smith agreed with nearly all that had fallen from the previous speakers in favor of chloroform in obstetric practice. He thought it might be laid down as a principle in regard to its employment, that besides its value in allaying pain, it was useful in all cases, especially in operative midwifery, where it was desirable to moderate excessive action of the uterus, and to promote dilatation and relaxation. He held, on the other hand, that it was contra-indicated in cases where there was deficient action of the uterus, as in feeble and tardy labor from inertia, and in cases where hæmorrhage was expected. He had seen it stop the course of labor midway, and he believed that post-partum hæmorrhage and retention of the placenta occurred more frequently after its use than without it. One good effect of the discussion on the present paper lay in the differences of opinion which had been elicited. The causes of these differences would be studied, and the truth brought out. It could not possibly be correct that chloroform relaxed the uterus so as to facilitate turning, and made it contract so as to increase the difficulties of this operation; or that it could both cause and prevent hæmorrhage. He had himself no doubt of its usefulness in difficult cases of turning. He had met with cases in which version had been accomplished by its aid, where without it the operation would have been utterly impossible. He had seen mania follow its employment, and he thought that in some cases the relation was that of cause and effect. He had also met with bad cases of rupture of the perineum under its use. The patients were relieved from pain, but volition was not suspended, and under these circumstances, the violent and fearless straining efforts ploughed up the perineum by the foetal head, during the expulsive pains. It was of very great consequence to lessen, as far as possible, the dangers attending this great and beneficent agent. The influence of fatty heart, alcoholism, and other conditions, in fatal cases, had been much debated; but there was another source of danger which, so far as he was aware, had not been dwelt upon. He referred to idio-



syncrasy. He had known patients affected to a poisonous extent by ordinary doses of ether or chloroform.. He knew two ladies, in apparently good health, in whom a few drops of chloroform would at any time produce repeated faintings. He suspected, therefore, that some of the inexplicable cases of death from chloroform depended on idiosyncrasy, and before its administration it would be useful if patients were tested as to their tolerance of its effects.

Dr. Kidd, in reply, thanked the Society for their very flattering and kind estimate of the paper. One or two points had dropped out in the reading, which perhaps might be supplied. He did not himself think that, in forceps cases, chloroform is indispensable; but he furnished the usual directions for chloroform, whether before or after the blades were applied, etc. Chloroform, by facilitating versional delivery, will lessen the present number of forceps cases. The President, in his able summary, mentioned "idiosyncrasy" as a probable cause of death. This can scarcely be, as in 100 deaths, about 40 of the patients had inhaled chloroform (two or three, or even in some cases ten times) previously, without suffering from it. The word idiosyncrasy is vague, and would cause unnecessary alarm, which always does evil. Delirium tremens, "alcoholism," hysteria, might be substituted for idiosyncrasy. As to hæmorrhage cases, and the use of tartar emetic with chloroform in undilated os, he differed from Dr. Drutt. The men of practice differed from the men of the pen. The views expressed by Dr. Barnes were also such as were held by no other practical man in Europe: that version could be effected better without than with chloroform. Mania from chloroform is a similar error; and as to heart complications, diseased valves, etc., this is also palpably a mistake of one book copied into others. The respiratory system is, in reality, the point where accidents originate; but there has not been a single death from chloroform in midwifery practice.—*London Lancet, Pacific Med. Jour.*

---

### Infant Alimentation.

BY M. A. BAINES.

SIR.—At the Bradford meeting of the Social Science Association last year, I had the pleasure of contributing to the Public Health Department a paper on the "Practice of Hiring Wet-Nurses," showing the numerous evils which are involved in that system; my object being to prove that the cases are very rare in which a wet-nurse is really needed, and that the abuse of the practice must necessarily lead to very serious consequences, not only to individuals, but to the community at large.

This idea being accepted, a question naturally arises as to the best substitute for breast-milk in the case of hand-reared children. To that question I shall attempt to give a satisfactory answer. A few preliminary observations will be necessary.

In a paper presented to the Sanitary Section of the International Statistical Congress, which held its session in London this year, I

pointed out the want of accurate information on the subject of wet-nursing, and suggested a simple method by which figures might be obtained in order to show the extent to which the custom prevails in this country; such machinery being set at work, an important means will be available for collecting very interesting and valuable information on subjects of a kindred nature.

The practice of employing wet-nurses can not be considered and inquired into without revealing many startling facts which are connected with the system. Among its most disastrous results may be regarded the fate of the wet-nurse's child, which is in most cases put out to *dry-nurse*, falls into ignorant or unprincipled hands, and, as a consequence, too often meets with premature death. Space does not permit me to enter into a consideration of all the *moral* evils of such a system, but it is enough to speak of the indifference to infant life which is thus fostered, and which is evidenced by the fact that a mother is induced, and too readily yields, to the temptation to sell her child's life for the temporary indulgence in ease and gain. Oh! let those who have any influence in this matter pause ere they help to sever those holiest and purest of earthly ties which Nature has intended, with wise purpose, should exist between a mother and her child.

In the paper on the "Statistics of Wet-Nursing," I alluded to one or two subjects which, although not coming immediately under the inquiry therein indicated, nevertheless presents some significant features in relation to it, and for that reason deserve some attention here. I refer to the large number of infants said to be annually "still-born" in this country, and also to the system carried on with regard to children whose names are entered on the books of burial clubs.

With respect to the first-named subject, Lord Shaftesbury, in his address at Liverpool on public health, made the following statement—that no less than 60,000 "still-born" children are produced in this country every year; adding, that "it is a portentous fact, which demands the most solemn investigation."

I am not aware what idea the noble President connected with the fact to which he called attention with so much earnestness; probably his Lordship had in his view the unsanitary condition of things which it discloses. Certainly that is a very grave matter—one which may with advantage be inquired into. Why (it may be asked) should so large a number of individuals—so large a portion of the female population—fail to fulfil the natural laws of their being, and thus contribute to such an abnormal and astounding fact as that indicated in the high rate of the "still-born?" Again, how is it that so many mothers who give birth to living children are unable to afford them the maternal nourishment which is their birthright, thus depriving their offspring of the best chances of maintaining existence?

The latter subject was alluded to by Mr. E. Chadwick, at the International Statistical Congress. His remarks referred only to what takes place in Manchester; but it would be worth while to collect information on these points as regards every town and district in the kingdom.

These inquiries are serious enough in a sanitary point of view; but

I fear they present another side still more painful and portentous ; I allude to the criminal aspect, especially as regards the 60,000 "still-born." It is probable that more than half of that number ought not to have been so recorded. And to check the evil in future, the law must be brought to bear upon the system to which the evil is due. At present the great facilities afforded for the disposal of "still-born" children offer free inducements to infanticide, which crime is on the increase, and is, no doubt, perpetrated wholesale in some parishes or districts. Dr. Bachhoffner, the Register for Marylebone, has lately instituted inquiries into this matter in the district over which he presides. Some startling facts have been elicited, and the investigation is still being prosecuted ; but from what has already transpired, there can be no doubt that some restrictive clauses are urgently needed in the Burial Act with reference to the disposal of infants said to be "still-born," such subjects having been hitherto enclosed in the coffins of adults without the payment of regular fees, and without requiring the production of a medical certificate.

It will be at once obvious how full of meaning are the foregoing facts in connection with the subject of this paper, when I suggest that it would be interesting and instructive to know how many of the mothers of "still-born" children had, previous to the birth, decided upon taking up the vocation of wet-nurse. And again, how many of the infants whose names have been entered on the books of burial societies, and who die prematurely, are children who have been put out to dry-nurse to enable the mothers to take places as "wet-nurses."

Although it was my intention to treat the subject of this latter strictly in its sanitary aspect, and to address my remarks more particularly to medical men, I have been almost unconsciously led into the consideration of other social questions of equal importance ; and I have no reason to regret having entered upon the more extended view of the subject, because, in the first place, they are questions which must be interesting to all social reformers ; and secondly, I think that those (I refer now to members of the medical profession) who would desire to aid the special cause we are about to consider, would do well to regard it, not only in its physical aspect, not only from what is termed a "medical point of view," but in reference to its moral and social relations and influences.

In a paper which was read in London last February before a medical audience, I advocated the use of vegetable or farinaceous substances, in combination with cow's milk, as a proper food for infants, from the earliest period of existence.

Hand-feeding has got into disrepute because it is in general so unsuccessful in its results ; and as "convulsions" and other disorders, terminating fatally in childhood, are often traced, when properly investigated, to the improper use of farinaceous substances, a prejudice has arisen against that kind of food, and it is interdicted as injurious by medical practitioners ; consequently the public, taking alarm without reason, look upon farinaceous food as little short of poison in its pernicious effects upon the infant constitution. This is a foolish and fatal error ! Not less absurd, though far less mischievous, would it



be to prohibit bathing altogether, because some reckless persons, ignorant of the art of swimming, plunge into the water, and are drowned. I am strongly convinced that it is not so much the kind of food that kills as the ignorant manner in which food given to infants is prepared and administered.

There are two extremes prevalent, both equally to be deprecated — namely, the excessive use of farinaceous food, and its entire prohibition. I consider that to depend wholly upon animal milk is a most disastrous practice, and in many cases induces disorders which, if they do not always terminate fatally, set up a condition which predisposes to various ailments in more advanced childhood, and even in later periods of life. These disorders are rarely referred to the true cause, but are described as “constitutional,” “developmental,” and so on; when the truth is that the system, being deprived of the elements in its food necessary for growth and development, suffers from defective nutrition, and consequently has not power to carry on its processes in a natural and satisfactory manner. It would be curious to know how many of the deaths returned in the registers’ reports under “Want of breastmilk,” are those of children who were attempted to be reared (but in effect were starved) upon animal milk alone; I fancy the numbers would quite equal those of the children who die in convulsions from “over-feeding.”

I can not now enter upon the chemical and physiological arguments which I am prepared to advance in favor of my theory; I will only state that I believe Chemistry (as far as it is known to us at present) can not be trusted in this matter. What I mean is this: that although we may learn by chemical analysis that cows’ milk approaches nearly to human milk in its constituents and their relative proportions, that fact affords no satisfactory proof that animal milk contains in its elements or component parts the necessary qualities or properties suitable for the nutrition of an infant, so as to render that milk a safe substitute for breastmilk without the addition of other substances; indeed, experience tells us quite the reverse. And as to the physiological facts which have been brought forward by opponents to my views, I have explained at some length in another place, that I interpret those same facts in a manner to favor my argument. (Comparative anatomy does not teach me that because vegetable food is indicated as suitable for digestion in the case of the young of the animal creation, therefore the anatomical construction of the human stomach shows the same food to be unsuitable with regard to the human infant. Chemical analysis may aid us in discovering truth, but I have said that it must not be trusted entirely; experience will prove a better teacher in such matters; for out of well-observed facts we may draw practical conclusions, and trace them with something like certainty to their respective causes. I am induced on this account to suggest (and I do so with much deference), that unless any medical practitioners can bring their experience to bear upon this question, they will reserve their remarks; for although I am anxious to induce discussion on the subject of this letter, I should be sorry for the cause to be prejudiced by the mere repetition of old objections,

having no better authority than that derived from the dogmas which belong to routine practice, and based upon no solid or tenable foundation.

If any medical man would undertake to conduct a series of experiments as to the value of farinaceous foods in the cases of children who may be depending entirely upon *artificial feeding*, such a practical experimentalist would perform a signal service to mankind. Let a fair trial be made under the direction and observation of the medical attendant, and let him report the result to the profession and the public through the medical journals, whose columns are always open to contributions which are calculated to benefit the cause of science and humanity.—*London Lancet*.—*Pac. Med. Journ.*

---

## Obitua! Record.

---

CHARLES PARRY, M.D.—The Medical Profession of Indianapolis—indeed, of the State—has met with a serious loss in the death of Dr. PARRY. This sad event occurred on the evening of the 11th of the present month, August, and succeeded an illness of some three weeks. His disease, remittent fever, was marked from the onset by unfavorable symptoms—symptoms which he, quite as readily as his medical attendants, recognized and knew partially, at least, their import.

Justice demands at the death of such a man more than a mere passing notice; and a friendship which death and the grave can not destroy, prompts me to lay at once upon the altar of his memory such tribute as I can furnish in this brief time which elapses before the issue of the September number of this journal. Let sins of omission and commission, therefore, be charitably attributed to the hurry of preparation.

Charles Parry was born in February, 1814, a few miles north of Philadelphia. His parents were "Friends." His literary education was received mainly at Wilmington, Del., in a school under the charge of Samuel Smith. This gentleman, whom it was my good fortune to know several years subsequently, was famous for his devotion to tobacco and mathematics. He was the most inveterate and constant smoker I ever saw, and he was one of the most successful mathematical instructors. The smoking example was lost on Chas. Parry. He never became a slave to tobacco in any form, but the mathematical instructions found a mind that was well developed and strengthened under their rigid discipline; and I fully believe that this part of his education—cultivating his perceptive and reasoning powers, teaching him accuracy and clearness of thought—had much to do with making him in after years such a clear-headed, sagacious practitioner, above the majority of physicians. No net-work of fallacies and sophistries could entangle him; but through them all he marched deliberately and steadily right onward to rest upon solid truth and fixed facts. But I am anticipating.

His classical education was defective; knowledge of Greek and Latin he had none. This he greatly regretted, and I am sure had there not been this defect, he would not only have enjoyed a wider range of medical literature than he did, but he himself would have been a frequent contributor to medical journals, and the treasures of his experience, the fruit of his ripened judgment and large understanding, would have been valuable indeed. Twice only, I believe—each time in *Hays' Journal*—did he break his life-long silence by speaking to the profession through the press; but those two articles—one an account of an operation on a limb, crooked and useless from a badly-treated

fracture, the operation similar to that performed by Barton for ankylosed knee, and the other on congestive fever—though published many years ago, gave him a name ever known by all intelligent members of the profession throughout our country.\*

He commenced the study of medicine with Dr. Stokes, of New Jersey. Afterwards he went to Philadelphia, entered the office of the late Dr. J. K. Mitchell—subsequently the eminent Professor of Theory and Practice in Jefferson College,—and commenced attending lectures at the University. The two fellow-students to whom I have oftenest heard him refer with affection and regard, were Dr. Mendenhall, of Cincinnati, and Prof. Traill Green, now of Easton, Pennsylvania, each of whom, I need not say, have acquired deserved fame. The day was coming when in the very school where he received his medical instruction, and in that other school of which his preceptor became so bright an ornament, he himself should be referred to as a medical authority; and from the lips of Profs. Wood and Mitchell hundreds of students would hear every winter of Dr. Parry. He graduated in the medical department of the University of Pennsylvania in the spring of 1835, and the subject of his thesis was *Hæmoptisis*.

Immediately upon graduating he went to Camden, N. J., and there had his first experience of the trials of a young physician. In a year or two he removed to the West by the advice of his uncle, the late Hon. O. H. Smith, then a member of the U. S. Senate from Indiana, settling at Connersville. Thence he removed in about two years to the capital, and here since that time he resided until his death, a period of nearly twenty-three years.

Not at once, however, here, did he meet with professional success—not at once find a place in the golden field for his sickle; other reapers monopolized the labor and the reward. He was poor, often having to borrow money to pay the postage on letters from his friends in the East; but he patiently waited until time and opportunity should vindicate his right to occupy a foremost place among practitioners of medicine and surgery. These came, and a few years found him doing as large a business as any one has ever done here—possibly larger. During some seasons, when severe epidemics of malarial fever occurred, it was not unusual for him to ride sixty or seventy-five miles a day, and the night brought him no rest. Sometimes even a week would elapse without his taking off his clothes to go to bed, but he would sleep in a chair, in his buggy, sometimes even on horseback. No man, unless possessed of an iron constitution such as he had, could endure so great fatigue and exposure. Physically he was a remarkable man. His bodily presence was impressive: manly, erect figure, some six feet in height, his weight over two hundred, he would be taken in any crowd of a hundred as a man of mark.

It is rare to find such a combination of professional abilities as existed in Dr. Parry's case. He was a superior physician, and an excellent surgeon and obstetrician. His obstetrical business for some time past has averaged over eighty cases a year; and every year he has had a greater or less number of capital operations, while the entire amount of his business for the past twelve months has been between seven and eight thousand dollars.

As a surgeon he was not a brilliant, dashing operator, but cool, collected, his eye intent upon his work, his hand steady and firm. He *always knew where his knife was*, and never attempted what he could not readily perform, and never operated merely for the sake of operating. His abilities as an operative surgeon were indeed excellent.

But I believe his greatest merit was as a practitioner of medicine. You may judge he was highly esteemed in this regard from a remark made by one of the most intelligent and successful of our practitioners at a meeting of our

---

\* Let me not be understood as saying that Dr. Parry did not write well, when he could bring himself to such labor. He expressed himself with directness and force, but had no facility of composition, nor felicity of expression. His sentences were short and pithy, but somewhat harsh; and he was very averse to putting his thoughts on paper, though he would communicate them freely in conversation.



physicians, held to take action in reference to his death: "Had we been taken dangerously sick, and were we thinking whom we would prefer to attend us, the great majority would decide for Dr. Parry." This commendation was most worthily bestowed. Dr. Parry was not rash in forming his opinion, no jumping at conclusions. He studied disease not so much in books as at the bedside, and he thoroughly investigated a case, even if that investigation required an hour or more. He was cautious, seeking all the light he could, carefully reasoning; and his natural sagacity, logical understanding, and strong practical sense directed him almost invariably to a correct diagnosis. Seldom, indeed, could you find a man making fewer mistakes. His therapeutics, too, were excellent. He could scarcely be called an heroic practitioner, though by some whose special business seems to be to glorify nature and debase our noble and difficult art into the merest and meanest swindle, he would be called an old fogey. From no man's lips have I so often heard the *vis medicatrix nature* made the theme of eulogy, and in no man's practice have I so often seen it made, intelligently, the source of trust and confidence; yet he by no means belonged to the bastard offspring of lazy, ignorant skepticism and humbugging Homœopathy, which, alas! we too often find in the regular profession, renouncing nearly all medical remedies, and in stupid or dishonest indolence, glorifying nature, meanwhile leaving the unfortunate patient to suffer, and then to die or get well, as chance may have it. Dr. Parry did not hesitate to use freely, in what he believed proper cases, the lancet, mercury and blister; and I believe his patients got well oftener, sooner, better than they would have done under the namby-pamby nonsense and nothings of those who in effect renounce art and rely only on nature.

In three important respects, Dr. Parry's life must be pronounced a decided success. First and least, in the attainment of wealth; second, in the attainment of reputation; and third and highest, in the relief of much suffering.

While it is pleasant to speak of his abilities and the success which crowned their exercise, yet the moral aspects of his character must not be entirely neglected, and on those especially it is grateful to dwell.

He was honest—honest not merely in business transactions, but honest in all his intercourse with his professional brethren, and honest, too, in the sick room, and at the bedside—honest in matters of life and death. A deceiver in any respect he never could be.

He had a soul that could be melted with kindness. In his last illness, some unknown hand sent him a beautiful bouquet; and though usually taking but little interest in flowers, when he looked upon these, he exclaimed, "This beautiful present is from some one whom I have relieved in sickness. How kind and grateful!"—and immediately sobbed like a child.

To his friends he was generous and kind-hearted. Many a young physician here knows that his start in professional life was in great measure due to the kind words and deeds of Dr. Parry. More than once I myself, disappointed and discouraged in the years gone by, would have sought some other location, had it not been for the brave and hopeful words of Charles Parry; and my blessings—weak and profitless though they may be—are forever upon his memory. His time and invaluable counsel were ever at the service of the young practitioner in difficult cases, without hope of pecuniary reward. He kindly concealed errors even from the erring party, unless by plain statement of them he could prevent future mistakes. He was kind to his patients, and profoundly sympathetic, though usually repressing decided manifestation; and yet I have known him weeping with all a woman's tenderness with the father and mother over their dying child.

His was too noble a spirit to be consumed by the fires of jealousy. If families left him—a rare event in the case of any worthy ones, his friends adhered to him with great tenacity—he cherished no unkind feeling toward their new medical adviser, attributed to him no dishonesty of conduct, cultivated no spirit of retaliation, but, without a whisper of complaint, graciously and gracefully yielded.

He would listen patiently to the opinions of the youngest physician; and if they could be well established, no false pride, no prejudice kept him from at once abandoning his own and accepting them. He was not blind either to the truth of the judgments, or to the abilities of others—indeed, he was one of the most catholic of men.

His character was fixed, not fickle. Few men presented more manly front or stood more firmly on their feet than he did. He changed not from year to year—he was no April day, alternate sunshine and clouds, the light of love and the darkness of hate—but his friendship was abiding, weakened by no lapse of time, varying not from month to month or year to year, no mean jealousy or plotting hate disturbing the equanimity of his temper or the kindness of his conduct. He was ever the same, speaking of you or to you. Resentful he might have been at times when greatly wronged, but I never saw such manifestation; and I know, too, that there were times when wronged that he did not resent, that he meekly forebore when others might have been provoked, lest he might say or do anything which would cause unkind feelings or pain.

Dr. Parry was one of the most genial of companions. He had a rich fund of humorous anecdotes—indeed, many of them derived from his own experience—and no man more heartily enjoyed a joke. I wish there were leisure and space for me to relate some of the many interesting incidents occurring in his life, and which I have received from his own lips during many a pleasant hour it was my privilege to spend in his society. Especially would I be glad to recount some of his professional experiences, for I am sure many of them would be profitable to the profession; but for reasons above indicated, I must forbear.

Dr. Parry's wife, to whom he was married in 1847, survived him. He also left two step-sons, one of whom, Dr. M. H. Wright, was his professional partner for the last two or three years.

In concluding this imperfectly performed duty, I would only say that had Dr. Charles Parry possessed a somewhat more liberal literary education, and had he been more ambitious of fame, and been given larger sphere—an arena suitable for such strength and culture—he might have placed himself among the foremost men, not only of the country, but also of the age. Take him all in all, he was second to no man in the State.

T. P.

## DIRECTIONS TO CANDIDATES FOR SURGEON, U.S.A.

Bring with you, when you come for examination—

1. One or more certificates from a physician or physicians of undoubted standing, stating the time and place of your medical graduation, and of your good standing among medical men.

2. Bring with you a certificate from one or more reputable persons, attesting unequivocally to your temperate habits, your good standing in society, and the length of time you have practiced.

These certificates must be approved by the Board, and put on file with the Secretary, before you can be admitted to examination.

All candidates must be of sound health. Surgeons' mates must be men of five, and Surgeons men of ten years' experience. In estimating experience, double time will be allowed for hospital attendance after the first two years of study.

Another examination will be held in Columbus, at the Hall of the House of Representatives, commencing at 2 o'clock P. M., of Friday, September 6.

It is hoped that strict attention will be paid to the details of this circular, and that it will be received as the answer to all letters of inquiry.

J. W. HAMILTON,

COLUMBUS, Aug. 23, 1861.

Sec'y Board of Medical Examiners.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

---

Vol. IV.

OCTOBER, 1861.

No. 10.

---

Original Communications.

ARTICLE I.

Thoughts on the Prevalence of Quackery.

BY J. R. BLACK, M.D., HEBRON, OHIO.

In every branch of human knowledge that can not be demonstrated with mathematical precision, there exists no unity of thought or opinion. The use of the senses upon the ocean, and a moderate possession of rationality, ought, one would suppose, to be sufficient to convince any one that the earth is not flat, but round. Yet that there are those who possess these faculties up to the ordinary standard (in ancient days as well as at present), and who nevertheless do not admit the fact, is a truth which every one knows for himself. It should not, then, occasion surprise that the science of medicine, which is confessedly one of the most intricate branches of human knowledge, should have the most diverse notions entertained concerning it. Though this is but natural, it by no means necessarily follows that it is right, nor does it allow that there may be more or less fundamental truth in all of the various systems in vogue. On the contrary, the very foundation of many of these medical systems is in that of exclusion, or in attempts to sectarize the domain of observation in the field of nature: a grand error, for nature can not be bounded by our systems, but our systems by nature. True science is catholic; tolerating no dogmatic formula, but embraces the whole field of research, untrammelled by our antecedent notions. The one who adopts the *similia similibus curantur* of Homœopathy endeavors to bend every act of nature to his assumed law; the true servant of science, conforming his belief, on the other hand, to the results of experience long ago expressed by Hippocrates,



in "that diseases are cured sometimes by contraries, sometimes by similar, and sometimes by remedies the action of which is neither contrary nor similar, but operate in an inexplicable manner,"—concludes that there is no fixed rule on the subject. In like manner the true promoters of science do not limit the sources from which they draw agents to cure disease. Every department of nature is made contributory to that end. Ponderable and imponderable agents, animal and vegetable products, air, water, and the various inorganic compounds are drawn upon in the order of their merit. Unlike the *isms* of the day, regular medicine draws no arbitrary lines, ignoring one or more departments *in toto*, but is guided and limited only by the teachings of experience.

How different the aspect of other scientific pretenders. The resources of one set is limited to water, another to roots, another to steam with lobelia, while others place "saving grace" in the rhapsodies of an infinitesimal idealist, or the shallow humbuggery of a spiritual seer. Whenever by chance an idea is discovered that is outside of their mode or system, their mental faculties are on the stretch in endeavors to conform it with their own, or in vain efforts to throw slight upon its truth or importance. Enough they find to do in defending and supporting their artificial systems, without endeavoring to advance knowledge by researches in new or untried fields. Like the straight religious sectarist, they cause embittered strife over nice refinements, inveigle with keen relish on doctrinal points, and give little or no heed to the discovery and enforcement of vital truth. Attention is absorbed in defence of their own and attacks upon other systems, and no time and talents are in reserve for original study and investigation. In short, it is no part of the aim of these selfish partizans to unravel the mysteries of disease, or advance our curative resources, but their whole orbit of acts centres in self. In keeping with these truths is the fact that these loud-mouthed reformers have absolutely discovered not a single remedial agent of great value, added no improvements to midwifery, done nothing for chemistry, for surgery, for physiology, nor have they graced the pages of their scant literature with a single new fact in pathology or anatomy.

Much as these medical sectaries strive to distort truth and pervert the aims of science in their efforts to proselytize, it can be said of legitimate practitioners, and the pages of their literature attest it, that the main current of her powerful intellects have been in untiring efforts to unfold what is complex in their department of nature, and in endeavors to remove and ameliorate, in the best practicable manner, the dis-

eases and ills to which mankind are subject. Their antagonists have been the silent, occult and unknown sources of disease. They have grappled with the inscrutable laws that appertain to the human body, and ransacked every field of nature for new or better instruments with which to combat disease. Conscious of their integrity, of the noble aims and pursuits in which they were engaged, they have submitted in comparative silence to the rancor and bitter assaults of quacks and sectarian bigots. It is true that by this course their interests have suffered in more than one sense. To them often occurs the reflection that the mass of men appear incapable of discerning between retiring merit and the clever windy-babblings of an ignorant pretender. More particularly do they find little encouragement, reward or recognition by the public in attempts to more fully master disease and promote the bodily welfare of our race. The discoveries of the assiduous and devoted student are greedily appropriated by unprincipled charlatans, who parade their stolen knowledge as a wonderful discovery of their own.

In every-day life, an oily, plausible tongue and winning manners are surer guarantees of success in life than the most comprehensive knowledge or unvarying success in the treatment of disease. Such disproportionate result have led not a few medical men to adopt these mean and cheap expedients, and to regard other acquirements as un-conducive to pecuniary results. Necessity and disappointments have caused them to sacrifice at the altar of wealth and local ambition the dictates of duty and the noblest, highest aims of the profession.

To see an ignorant, boastful quack, petted, caressed, and patronized by the clergy, the lawyer, the statesman, the philosopher, the shrewd merchant, the wealthy banker, the worthy mechanic and trusting farmer, is enough to make one mutter a curse on the high folly of devoting money, time and talents in acquiring a thorough knowledge of professional duties. Nevertheless the accomplished physician is not without recompense. Though wealth, honor and ambition may not be his, he yet may have the sweet rewards of conscience, the calm, soothing reflection, when he comes to bid adieu to this life, that he has endeavored to fulfil with honest diligence his responsible duties ; that he has often quietly averted death, smoothed the dreadful sufferings of the afflicted, plucked the thorn from many an aching side, and, in short, endeavored through a long lifetime unobtrusively to do his duty towards his fellow-beings, often and again without the least hope of pecuniary reward.

There is no necessity of physicians laboring under circumstances so disheartening. A proper understanding and more thorough acquain-

tance of the people with the claims of regular medicine will gain for it a better recognition from all well informed circles. Besides, it is no less a duty within proper bounds to proclaim than to investigate truth. It is also exceedingly fit that the promoters of science should have the credit and advantage which their labors entitle them ; thus inciting its devotees to greater diligence and extinguishing the hopes of blatant empirics, who seize every occasion of impertinently thrusting themselves before the public.

Doubtless it may transpire to some minds that if the advantages of legitimate practice be so great, why are they not more apparent to unprofessional persons ? The reason of this will fully appear in the sequel ; meanwhile, all will acknowledge that they are apparent—at least, quacks do not dare to compete with regulars in surgery and obstetrics. The reason why it is not difficult to apprehend. In those branches good or bad practice is so easily seen and understood even by the most unlearned, as to completely shut out all opportunities for deception. For the same reason there are no new sects, or schools, or loud-mouthed reformers in these departments of practice. While in this vein, it is proper to observe that the different sects of boasted reformers can not exhibit as the fruits of their labors any of the improvements in either of these branches. Their field of pretended reformation is confined to the administration of drugs. Anatomy, physiology, chemistry, pathology, surgery and obstetrics are, as none can deny, essential branches of knowledge to successful practice ; yet the facts show that these would-be reformers have not even a competent acquaintance with these—much less do they make pretensions to discoveries or improvements therein. It can not be claimed by any sane person that these branches are perfect, and do not call for the energetic labors of reformers. The only and true explanation of this anomaly, of this limitation in their pseudo-reformation, is found in the lack of opportunities to deceive, and thereby accumulate gains by operating upon the credulous, and a large class of persons who are irresistibly drawn after novelties.

To consider the causes of the prevalence of quackery in detail, and point out the means that will tend to its eradication, are the aims and objects of the writer. This we shall endeavor to fulfil by presenting the question fairly before the masses, and the conscientious physician, in the hope that the appeal to each may do some little good for the cause of truth and right, even though our pages may be cumbered by unintentional error.

Quackery appears to have its foundation and cause of growth—1st,



In the unscrupulous acts and claims of those who practice it ; 2nd, In the credulity, superstitious tendency and general ignorance of the masses on all points connected with medicine ; 3d, In the intrinsic difficulties of forming a correct judgment on the evidences of a cure ; and 4th, In the incompetence and careless routinism of many practitioners who serve in the ranks of scientific medicine.

The unscrupulous who assume the title of doctor, who are too indolent for study, and finding that there are those in the regular profession whose attainments they can neither hope to equal or excel, immediately resolve to resort to some artifice that will take with the community in which they determine to locate. Finding, for example, that it is popular to denounce the use of mercurials, they seize every opportunity to expatiate upon its real or fancied horrors. They labor to inculcate as an unquestioned truth that its dire effects are felt through a long lifetime, adroitly referring those who have been under its influence to the aches they have suffered in consequence, no matter what their character, as the effects of the mercury in the marrow of their bones. In every nostrum of the day its absence is carefully stated, guaranteeing a perfect cure without the use of any powerful drugs, and boldly announcing that their panacea is composed of simple, harmless herbs and roots. These panderers to popular prejudice well know that there is a deep-rooted antipathy to any medicine coming under the denomination of poisons, and hence brazenly aver that none of their ingredients are of that character. It would not serve their purpose to state the truth, provided they knew it, that all medicinal substances are more or less poisonous in their nature, and that, were they not so, they would then be suitable as nutriment for the body. Relatively, however, the amount and time requisite for some agents employed as medicine to act in an evident manner as a poison, present almost infinite variations—at least, there is in it no approach to uniformity. The active principle of tobacco, nicotine, is one of the most active poisons known ; yet immense quantities of the weed are often consumed without apparent damage. It is only when injurious effects are appallingly evident that poisonous qualities are readily admitted. The general floating ideas upon this point are fallacious in the extreme. There seems to be a popular disposition to place only those agents in the category of poisons which depress the powers of life, those that exalt being looked on with favor, provided they do not quickly destroy vitality. Alcohol destroys one hundred per cent. more lives than arsenic ; yet the one is regarded with horror, while the other has thousands of defenders, and tens of thousands of victims. Opium de-

stroy more life and nervous energy tenfold over than mercury ; nevertheless there is a general aversion to the latter, and a feeling curiously favorable to the former.

The quack and nostrum-vender appeals to this false notion of poisons, and at the same time really poisons the capacious public maw more than all others. Harsh and reckless as this charge may appear, it is nevertheless true, for no medicinal substance is really deleterious when administered with skill and judgment. That which will give the sick immediate relief, will cause the well to get sick. A stomach pained and oppressed by indigestible material is instantly relieved by an emetic, while if one is administered in perfect health its effects are precisely reversed. In fact, the well are made sick even after its immediate effects have subsided. A blister gives pain and misery to the healthful, and ease and comfort to one pierced with pain. Loaded, inactive bowels are beneficially influenced by the irritant of the purgative, while their needless and unskilful administration lead to deadly results. A partially palsied bladder is cured by cantharides, while a healthy one is poisoned by the same means.

The bold knavery and deceit of quacks in advertising sheets are well known. One dodge after another is resorted to by which to fleece the afflicted of their dollars. They affect great mystery in their discoveries, interspere a little romance as spice to the great new remedy for consumption, attach far-famed countries' names to their pills, invent fantastic combination of letters to the great R. R. R.'s, forge distinguished names to their mixtures, picture barbarian, quakerish Indians, handing an outlandish, unpronounceable Indian medicine to a cutaneous skeleton ; in short, no subterfuge is too mean, or despicable, if it only takes well, and brings in profitable returns. The West is the prolific field for the sale of these nostrums, and the Indian nostrums are invariably discovered in New York or Philadelphia. It is usually, if not always, the case that a patent-medicine must be made east of the place of sale. The most popular in our section come from the cities above named, while theirs are imported from Europe. Perhaps nineteen-twentieths of people believe that these nostrums are put up by great eastern doctors. The very reverse is true, being invariably put up by druggists from physicians' prescriptions, or by some needy doctor, whose principles and ambition can not brook his scanty patients ; or by mere adventurers, whose universal genius is equal to removing an obstinate headache, or mending a broken chair, for which look to Spalding's Glue, or his Cephalic

Pills. In these things we know whereof we speak, having been thrown in contact with several indefatigable cure-alls.

There are other adventurers in the medical line more reckless and daring, who assume to be some great European personage, connected with royal societies, academies, and hospitals, and are willing to condescend to visit the afflicted in this town, or that city, ostensibly as a great, distinguished savior, but in reality draw from the credulous fees proportionate to the falseness of their vaunting pretensions. A more numerous and smaller grade of quacks infest every town and neighborhood. They set up arrogant claims as reformers, and assume before those not competent to judge that they are the only true progressives. Forever prating of reform, they speak of scientific men as a set of old fogies. They endeavor to enhance any prejudice that may exist from the abuse of this or that remedy, and pander to every popular whim. If by chance a single case is ever benefited or cured, their own and the wonder of the populace never ceases. Had the like been done (and it is done daily) by a regular physician, it would have excited no comment or remark. It is much like the wonder wrought by the untutored Irishman who erects a very creditable shanty, while the graceful but ordinary buildings just beyond are passed unheeded by. They further labor to impress upon the public that they use in their practice no deleterious drugs; nothing but harmless roots, water, or imaginative sugar-pills. My medicine, says the empiric, can do you no harm, if it does you no good. Shallow as this preposterous assertion is, it has imposed upon thousands. Throwing aside the loss of time by such experimenting, it is ridiculous to talk of remedies which do neither good nor harm. As well might a starving person be told on the receipt of some food, that if it did him no good it would do him no harm. The one proposition is as rational as the other, as all remedies, like food, are either positive, or they are negative. Indeed, it may be laid down as an axiom, that a remedy must either act curatively, or morbidly, and if not one, then the other; and if not either, is it fit material for the nourishment of the body? The general answer we have to make to the contemptible claims of these quacks and calumniators of science is, what remedy can you point to with pride as your discovery that has a world-wide reputation for curing a single disease? Is the fell destroyer consumption more curable than before your mushroom advent? Have you discovered a reliable cure for ague, for scrofula, or in fact for any disease; or have you any remedies equal or superior, which you have discovered, to opium or chloroform in the relief of human suffering?



Not a bit of doubt but that, with their usual brazen-faced audacity, they would answer these questions affirmatively. But where is the evidence in proof of the assertion? Were they really possessed, concealment would be impossible. The afflicted in these diseases would flock to their standard, and the great new remedial agents would soon be as familiar to the public as are cod-liver oil, iodine, quinine, opium, and chloroform.

The literature in empirics is in keeping with their other attainments. Little attention is bestowed to scientific research, but a great deal to attacks upon other systems, and to sophistical appeals, purposely written for unprofessional eyes. Their biased and narrow way of presenting a point, and of writing upon medical theories and practice, are calculated to win converts, for very obvious reasons. The main one is, that the great mass of mankind are profoundly ignorant of the human system, of disease, and of the principles upon which its removal are based, and hence, when they meet with popular expositions upon this subject—which, by the way, are mainly if not all from the pens of empirics—they are very favorably struck by the scattering rays of light, because their minds were before in utter darkness. Members of the regular profession perhaps too seldom write for the public eye, manifesting almost total indifference to outside notions of medicine, and devote their time, when literarily inclined, to investigations and statements of experimental observations, solely for the benefit of science and their collaborators. In brief, *the rule* of action that governs educated men is, to write for the advancement of science, while that of empirics is, with an eye single to pecuniary results.

The last paragraph naturally introduces the second cause for the growth of quackery, that of the credulity, ignorance, and superstitious inclinations of the masses on all points connected with the healing art. It is to this head that the quack is chiefly indebted for the accomplishment of his ends. He well knows, while giving his powders, pills, or syrups, that if the patient recovers, he, and not nature, will always get the credit of cure. A person, for example, treats 100 patients, of whom 95 recover, and 5 die. If the 95 be inquired of how they got well, the answer will be, why Dr. So-and-so cured me; and if the friends of the five deceased be asked how they came to die, it is rare indeed for it to be said that Dr. So-and-so killed them. From a parity of reasoning in this mode of regarding the subject, it must be acknowledged that if the physician cured the 95, that he killed the five; for, in the popular way of thinking, the agency of nature is entirely thrown out of the question. The error and difficulty in each instance

lies in the inability to discriminate between what nature accomplishes, and what the physician effects with his remedies. The point is a very nice one to decide upon, physicians themselves arriving at very different estimates. When the conduct of the physician and the effects of remedies are easily seen and apprehended, as in surgery or obstetrics, the popular estimate of the worth of one, and skill of the other, generally approximates very nearly the truth. Whence it follows that in these branches there are no pretended reformers, and unscrupulous innovators. In these branches they make no pretenses, much less dare to act in critical cases, lest they expose their own presumption and ignorance. The contrast in the difficulty of discriminating is practically illustrated in the records of courts of justice, by the trials for mal-practice. It is quite common for a doctor to be convicted of mal-practice in surgery, but rarely attempted, and still more rarely accomplished, in the treatment of ordinary diseases. But no one will pretend to say that ignorance and blundering treatment are not as common — aye, much more so — in the practice of medicine than in that of surgery, yet the genius and acumen of the lawyer are equal to the blunders of the latter, but wholly inadequate to that of the former. Under the next head we purpose to examine this point at length, and consider how difficult it is to arrive at absolute truth in the premises; only at present remarking that so faulty are people in ordinary in forming correct ideas on this topic, that every candid physician will acknowledge that he often acquires much credit while really entitled to none, and gets great blame while really deserving great praise.

The tendency to jump at conclusions by the most expeditious mode leads to the placing of agencies that *chanced* to be employed at the time of recovery, in the relation of cause and effect. Thus we have known a very worthy person aver from positive and repeated experience that he was cured of piles by carrying a buckeye in his pocket, another, who had been a victim of a weak back, that he was cured by getting down and rolling over three times the first time he heard the notes of a whip-poor-will. Thousands believe in the efficacy of a certain text of Scripture in stopping blood, and we know of a person who got quite a reputation for curing the toothache, by giving the sufferer on a slip of paper the magic words "*Jesu cum Christo.*" Others have full faith in the efficacy of a live frog tied to the throat in a case of quinsy; in the rubbing of a dead child's hand over large neck, or goitre; in the curing of fits by means of the hemp taken from the culprit's neck, etc., etc. These are only a few of the sad evidences of superstition and credulity that unfortunately exist in every

circle of life; as well among accomplished scholars, as beclouded and illiterate heads. The philosophic physician can easily perceive the source of these barbarous relics, in the universal ignorance concerning the structure, functions, and laws of vitality that pertain to the human body. Outside of the profession how few have really any knowledge whatever of anatomy and physiology. To distinguish between a tendon and a nerve is beyond their "ken." Beyond the names artery and vein, what is the knowledge possessed? When a quack talks to the clergyman about his *livers* being deranged, fifty to one he will not be shocked at the ignorance of his adviser. When the consumptive lawyer is told by his flattering empiric that the blood he coughs up comes from his stomach, very likely he will unhesitatingly swallow the very learned opinion. Illustrative of the prevalent ignorance in the simplest elements, it may be mentioned that a large number yet think the heart to be the seat of the affections, instead of a mere central pump for the blood, and it is only since the efforts of phrenologists, that the brain has come to be known as the seat of the mind.

Many persons are led to place more or less faith in uriscopians and spiritualists, because without seeing or examining a patient they can describe in quite a number of cases the symptoms of the disease under which a persons may be laboring. An element of superstition is here visible, for no rational person ought to attach more importance or firmer faith to a doctor who describes the particulars of a disease without seeing the patient, than he who does the same after a careful examination of the signs and symptoms, and draws logical conclusions as to the peculiar state of the vital organs giving origin to them. But many are led to suppose that there is something supernatural in the perceptions of these quacks, and hence conclude that such wondrous powers must also be able to direct the means best adapted for the removal of the symptoms they so freely describe. There is also manifest here a very limited and discreditable view of the science of medicine, for these very persons attach far greater importance to the charlatan who can go over by mere rote an assemblage of symptoms, very many of which, as we will presently show, *are common to the great majority of chronic cases*, than he who by a careful review and collocation of the symptoms endeavors to measure the power of the disease and the essential nature of the morbid actions in a function or organ of the body. A glib, facile tongue, well trained to express the feelings of the afflicted, gain infinitely more credit with the masses than the most acute and profound reasoning. When a person has a



suit in law and equity, he is not apt to select as his counsel one noted for the ease with which he can use legal terms and phrases, but rather one known for his skill, judgment and acumen. The very reverse is unfortunately true of the patrons of medicine. Good common, hard sense and respectable attainments are at a discount so long as an abundance of long hard words and flowing phrases are in the market, no matter whether they express sense or nonsense. To some minds not over credulous there is a mystery attached to the power some quacks are supposed to possess, who are said to describe a patient's case without ever seeing him. In the first place, it is well to remember that the class of cases in which they almost invariably deal, is those either originally or subsequently chronic. In this class of cases certain symptoms are common to almost every case. For example, the following enumeration of subjective symptoms will apply to nine out of ten chronic cases — a proportion of hits, by the way, sufficient to build up a great and extended reputation : The patient has pain in the back or sides, a feeling of general weakness and fluttering about the heart, sometimes is very despondent and nervous, more or less irregularity of the bowels, an unpleasant taste in the mouth, especially of mornings ; a craving now and then of strange articles of diet, some weight and oppression about the stomach and breast, is easily chilled, and has hot flashes running over the system, etc., etc. Now every experienced physician must agree that this assemblage of symptoms will very seldom fail in the description of a chronic case. In this way any doctor may imitate these charlatans and describe to the friends' satisfaction almost any lingering case without any personal knowledge of the sufferer, if he will only train his mind to run glibly along just such symptoms — and which are, by the way, very definite and clear to a patient or his friends, but beautifully indefinite and general to a penetrating and acute physician. It is true blunders will be committed now and then by following this routine ; but this will matter but little, as it will be sure to hit nine times to where it will fail once. The nine will wonder and be struck with astonishment at such supernatural power, and an excellent opportunity be afforded to fleece them out of ten or fifty dollars.

In winding up the description of a case, these impostors are usually careful not to give the disease a specific name, but rather speak of it as a derangement of one or more organs of the body, of which it is somewhat doubtful as regards a total cure, but certainly can be very much helped. Precisely the same deception is practiced by fortune-tellers, though relating to a wholly different subject. They will take

a credulous biped to one side, tell him that he has some bitter enemies, neighbors who are even now studying how to wrong him ; that only a short time ago one cheated him out of his just rights ; that he has had more trouble lately than ever before ; that he is looking for a visit, or a letter, from a valued friend ; that he himself is going on a short trip, if things go just thus and so ; that he will meet with a great surprise in a few days ; that he expects and will receive a legacy before long, etc., etc. All of these things and occurrences are what transpire to almost every one in common, but which individuals think are more applicable to them than any other human being ; and hence conclude that persons able to tell these things without previous acquaintance must have supernatural powers.

The third cause of quackery — that of the difficulty in forming a correct judgment as to the evidences of a cure—is well expressed in the Hippocratic axiom, “Art is long, life is short, experience doubtful, and judgment difficult.” The larger the mind, and the more thorough the experience, the more convincing is the truth of this axiom ; and on the other hand the more limited this power and acquirement, the more is that one confident that he knows “all the law and the prophets.” A person of limited acquirements, who estimates his own attainments by that of a narrow circle, is exceedingly apt to be eaten up with consuming conceit. If he is ever looking back, to calculate his progress, to observe the multitudes of competitors he has distanced, instead of yearning to press onwards in the unlimited labyrinths of knowledge, he is almost sure to be puffed up by a self-assured complacency, that he knows all the pros and cons, the alpha and omega of everything. But let any one start in the pursuit of knowledge under different aspirations, let him endeavor to press onwards as far in each branch as he can, let him open one book of nature after another, and the further he advances the wider and vaster becomes nature’s expanse. He clearly perceives in each branch that as he advances, the lengths, breadths, heights, and depths grow around him, new and unthought of vistas open to his understanding, till, all but lost in illimitability, he is enabled to form an adequate conception of his own pigmy self, and the utter, complete nothingness of his acquirements.

The same is equally true of practitioners of medicine, or pretenders thereto. Whenever one is found who is so positive that he thoroughly understands all about disease, who has the most perfect confidence in his remedies to cure with unfailing exactness,—that one may be set down as a sample of short-sighted ignorance. But the illustration is more particularly applicable to persons outside the profession. No-

thing is more common than to hear them talk with the most positive certainty concerning this or that remedy, for a certain disease. They can far outstrip in this particular the learned professor, who has gone the rounds of an extensive hospital for a number of years. Every physician has more or less experience of unfailing remedies for disease that has been told of, by well meaning, but credulous persons. Were they really entitled to the least consideration, it must be a matter of regret that a note of them had not been preserved, for certainly if their assurances are deserving of belief, there ought to be no occasion for any suffering a moment longer from any very common or distressing afflictions. Repeat this sentiment to one who has just finished the recital of a case of disease cured by some remedy of wondrous virtue, and he will retort that such sarcasm may do for others, but for him he knows whereof he speaks,—having seen it in others, or felt it in himself, *there can be no mistake about it.* Unfortunately for the special statement, that of each one is clinched by special pleas precisely similar. What they know, they know,—and there is no use spending words about the matter. These kind and sincere people, who think to favor the profession by such recitals, fall into the fundamental error of concluding that, when an agent is employed at or about the time of recovery, it is therefore the cause of that result. They wholly ignore the officinal part oftentimes performed by nature in the cure, and if their experience should become more extended, and failures to cure in consequence become known, they complacently conclude that what will cure one will not another. Scientific men are aware that there are a class of diseases that will in time get well, on almost any treatment, provided it is not that of gross mismanagement. Rheumatism is a familiar example of this class, and generally requires special blundering to bring about a fatal result. In its treatment among physicians, the most diverse is known to be carried out, and yet many are confident that, because their treatment almost always ended in recovery, it is the best attainable. That they can not all be best is self-evident, and therefore the grounds upon which each bases the evidence of his superiority in remedials must be fallacious. The explanation lies in the fact that, in the majority of cases, nature is herself competent for the cure, though she will obviously triumph sooner and more thoroughly when skilfully than when unskilfully assisted. The whole measure of efficacy is ascertained by the time and severe urgency of the course the disease as a whole assumes, under and belonging to one course of treatment rather than another. In other words, reversing the case, nature will often cure in spite of inappro-



priate treatment, though her course will be vastly more tedious and painful. In this region, with ordinary constitutions, we are fully confident that few, if any, attacks of acute or inflammatory rheumatism need confine the patient more than fifteen or twenty days, whilst if not treated at all, or badly managed, it is commonly prolonged to six or eight weeks. Now it is quite familiar that in cases of recovery from this affection the patient and physician claim that this or that course of treatment cured or removed the disease. What is the evidence of it? Confessedly there is none, except that the patient got well; and the question very naturally arises, Would he not have recovered in the same time without any treatment? and who cured him in such an event? If we take the course pursued by the genuine infinitesimal doctor, or the one who relies upon mere palliatives, we have a standard to compute the usual duration and severity of the disease when all but left solely to the efforts of nature. Unless scientific physicians can visibly shorten and improve upon these examples, there is no evidence to warrant the conclusion that their treatment is more curative than that of the homœopath, or the one who treats himself by some quackish panacea. In forming this estimate an isolated case is of no value, for the constitutional strength, idiosyncracies, and variations in the grade of attack, vary so much as to materially influence the final result. In the practice of the various medical sects it is often a matter of wonder that more differences are not discernible in the degree of their success. One will praise his kind of doctor as the best, while another is equally confident of his. The truth lies nearer the surface than might be supposed. In fifty cases of disease, such as ordinarily present themselves to the physician, the greater part are in the nature of things of such a type as, unless managed in a very unskilful manner, will inevitably tend to a favorable result. Whatever tendency there may be to a uniformity in the final issue, the time, mode, and state of constitutional vigor will show great and decided variations, according as the treatment is skilful, blundering, inactive, or temporizing. The final result, then, of the greater number of the fifty may be nearly the same with the quack as with the accomplished physician; but the latter will get his well sooner, with less suffering, and without a long train of ill effects that often follows in the wake of empirical treatment. The former can easily explain the more dragging nature of his cases, the slow and imperfect convalescence, by telling each patient that his case has been one of the very worst description—a thing it is not difficult to get patients to believe. Every man is apt to think his worldly troubles worse than that of his neighbors; so every sick

person thinks that but few, if any, ever suffered like him. The dozen or half dozen of the fifty that are really of the most serious character have to be again divided into the curable and incurable; in other words, neither art nor nature, according to best sources and the teachings of experience, are competent to shake off certain diseases. The consequence being that when that proportion is taken off, there remains but two or three test cases. The percentage of success between the learned and unlearned is from these causes far from being so apparent as some might be led to suppose, and a little ingenuity on the part of the quack will easily explain away the remaining differences. When, however, a severe and fatal epidemic chances to rage, or when a case out of the usual routine of colics, fever, and colds happens to call for assistance, the contrast between the skill of the regular physician and the empiric becomes clearly manifest. Some of these pretenders have been so completely unmasked by a single case, after years of what is termed "good luck," as to deem retreat the better part of valor, and yield the field.

Certainly it should occasion no surprise that people in ordinary should be misled by such cures, and form erroneous estimates of remedial agents, when physicians themselves frequently fall into a like error. Some have even gone the length of believing that Homœopathy, or the doctrine of dilutions, is really entitled to credit and serious consideration. They have apparently taken it for granted that because a person recovered from disease while using sugar pills, they were therefore the cause of that effect. In forming this conclusion, the controlling power of the *vis medicatrix nature*—long ago clearly taught by Cullen—was not understood, or carefully weighed, among the essential elements in the premises.

Evidence which to some short-sighted physicians, and nearly every unprofessional person, may appear as perfectly conclusive in the matter of a cure, may and does appear to the thoroughly enlightened and truth-loving doctor in a wholly different light. Take the example of a person who has been the victim of some distressing affliction for a considerable time, and having tried in vain a long list of physicians, at last hits upon one whose treatment seems to cause him to feel an immediate amendment in every symptom. Strong as this instance may appear, and common as such cases really are, there is not one iota of proof that the agent employed by the last and successful one cured the disease. Paradoxical as the reader may think this statement, yet the result does not establish the averment. The truth or falsity of this may be best stated by an example of the kind that came under our

personal knowledge. In the year 1853, a Mr. G., of Duncan's Falls, consulted a well known surgeon for a chronic disease, the nature of which we could get no definite idea. The result, however, was, that he got considerably worse under treatment, meanwhile being thoroughly salivated by a course of blue mass. This reduced him so much that he was compelled to keep his bed, and not long after sent for Dr. M. He put him upon active treatment for neuralgia for some three weeks, without relief to the severe abdominal misery, and a continued reduction of strength. Another physician, Dr. L., was sent for, who formed a somewhat different diagnosis, and put him through a course of medicine, without ultimate benefit. Meantime the patient became greatly emaciated, thoroughly bleached, and his death was daily expected by his neighbors. Almost hopeless, and as a *dernier ressort*, the writer was sent for. The case being a somewhat noted one, a careful and minute examination was made, without being able to detect any organic disorder. He appeared to be suffering under various irregularities of function—chiefly nervous, and from his own account the previous attendants had not done him any permanent good, but rather kept him going downward in general strength. The last attendant had, to use his own phrase, "made him as blind as a bat," by some narcotic, doubtless. To calm nervous irritability, and oppose some spastic action of the bowels, he was put upon assafoetida pills, well coated, by the way. Nourishing, easily-digested food was ordered, and to the surprise of all cognizant with the case, he rapidly got better, and in a dozen of days from date of attendance was staggering through the streets. That the pills did *not* cure this case no one can doubt, but the patient thought that such pills were never before made by mortal, and the friends considered the last medicine to have acted like a charm. The truth of the case really was, that he had been over-drugged, in fact kept down, unintentionally, however, on the part of attendants, completely smothering every recuperative power of nature; the rapid change for the better being produced by the absence of medicine of perturbing power.

The suggestion arising from this case naturally leads to the last head of the subject, viz: That of the incompetence and careless routine of practitioners in the ranks of legitimate medicine. Had such a case as just narrated happened to have been put under the care of a sugar-pill doctor, doubtless the same results would have ensued. In this way an impression highly favorable to that ism would have been originated, that a lifetime only would serve to efface. In that locality every regular would have to listen to the wonderful story, that



proved to the minds of the narrators, beyond the shadow of a doubt, that Homœopathy is no humbug. It is precisely on such cases that depends the notoriety, and bases the claims of each of the so-called new systems of the day. If an intelligent person be asked why he believes in homœopathic, hydropathic, botanic, spiritualistic, or uriscopin doctrines, our word for it, he will triumphantly refer to just such a case, or a set of cases. Incompetent physicians, and careless routineists, who suffer themselves to be foiled in this manner by some ignorant quack, not only inflict a wound on their own reputation, but put a stigma and throw discredit upon the system of science which they profess to represent. So far as the individuals who are acquainted with such instances are concerned, the injury to legitimate medicine is irreparable. The inexcusable errors of its members are charged to faultiness in the system to which they belong. In nearly every example where medical humbugs have acquired a temporary ascendancy, and where an unhealthy public sentiment exists, its origin may be traced, with few exceptions, to the profession itself. Science is its own conservator, and the less we have of it in our ranks the more destructive it will be to our honor, welfare, and reputation. Can it be, or ought it to be, then, a matter for wonder that physicians should be jealous, and close sticklers for and of each others' standing, when the misdeeds of every old fogey, every unworthy, uneducated, brain-sluggard should be laid at the door of our temple of science? Difficult as it is for unprofessional persons to form correct ideas upon medical themes, legitimate medicine never would have incurred the censure, nor deserved the odium of many estimable persons, had it not been for the self-complacent and *ipse-dixit* bigots, who have abused and trampled upon the confidence of their patrons. Take the example of an old and tolerably respectable physician, who has practiced in a particular neighborhood for a score of years. If "his luck," as it is termed, has been tolerable, or even good, not however by or from his special skill, but from the unfatal type of disease, hundreds of persons will place in him the most unbounded confidence. If his brain be of a narrow mold, and of not over-sensitive conscience, he will become conceited, arrogant, and dictatorial. He will pompously talk, even to medical men, of "my experience," of "my opinions," as if forsooth, they were entitled to any credit or special consideration, when not backed by any brain or knowledge above that of an "old granny." The tedious and dear-bought experience of twenty centuries, as taught in our standard works, is overwhelmed by "his opinion," or

“his experience,” of not over a dozen or a score of years. Poor dolt! pity and contempt you richly deserve, and you are already passed knowing that

“A little knowledge is a dangerous thing.”

That such a one will take no pains to read and learn from the improvements of the age is very evident. What need he? The people have already full confidence, and what is the use of spending money for books, and wasting valuable time over their musty lore. Nothing, he cunningly thinks, can shake their confidence in his skill. His practice in drugs soon degenerates to mere routine. The mental labor required to select out of some two or three hundred preparations the medicine best adapted to the case before him is dispensed with. He arms himself with a few remedies—favorites, generally the lions of the *materia medica*, and if the patient recovers, well and good; if not, why he knows that people will say if Dr. So-and-so attended him, then all was done for him that could be. But among such disgraceful members of the profession—many of whom, by the way, have intruded into the fold by stealth, and not by the door—there happens every now and then a case like the following: A confiding patron is taken with a severe, unusual and intractable disorder. The doctor plies his usual remedies in vain; weeks, months, aye, in some cases years, pass over ere the patient can think of trying any one else. His patience is sorely tried. The doctor tells him to persevere; that he will cure him, but he must have time. Time and times time are given and taken. The case, from its tedium and resistance to such skill, becomes a noted one. It is talked of for miles around. At last the patient's or his friends' patience becomes exhausted. They resolve to try some one else—a *new kind of doctor, of course, for none of the old kind* can equal our old family one; and, lo and behold, immediate amendment ensues. Others who have travelled over his routine of remedies, such as calomel, blue mass, veratrum viride, over and over again without permanent relief, are encouraged to try the new kind of doctor, with oftentimes a like result, until there is created a strong feeling against old-line doctors, and a corresponding feeling in favor of the new. The practice of the majority of these routinists is that of depletion—pulling down the system; and when they do attempt to raise it, 'tis with the most powerful tonics they can select. They forget, indeed, if they ever knew, the prime axiom: to treat only acute diseases by acute remedies, and chronic diseases by chronic remedies, or at least chronic doses. Hence, the case being chronic, and thoroughly debilitated by

depletion, the gentle placebo, the innocent tonic, acts like oil upon the troubled waters, nature has fair chance to react, the quack or nostrum-vender gains a friend, and the regular profession an enemy. Genuine Homœopathy derives its chief growth and prosperity to this error in regular practitioners. The delicate and imaginative creature that forms the nucleus of voluminous crinoline is illy fitted to digest many of our patent agents. Their very presence in the stomach aggravates her nervous maladies, and keeps the system not actively diseased in a tumult of disorder. After a lengthy and discouraging ordeal under one or more regular physicians, who treat in much the same way, she applies to the sugar-pill knight, who gives her what is equivalent to no medicine at all, with instant relief to her hysterical distresses. The improvement in her feelings is attributed to the sugar pills,—whereas the mere withdrawal of powerful medicaments has produced the observed amendment. Substantiating this point is the marked partiality of many practitioners for what the late Prof. Harrison termed “the lions of the *materia medica*.” Look at their prescriptions, or examine their stock in drugs, and it will be seen that they deal only in a very limited number of pharmacopial agents, and those of the most potent description. A physician who does not select out of the numerous class of cathartics for the one best fitted for the case which he is called upon to treat, but carelessly issues a dose of a favorite, as calomel and jalap, is utterly unworthy of the name, and is to all intents an empiric, no matter what his presumed or theoretical acquirements. The same may be said of those who treat every case of scarlet fever alike, or who prescribe *veratrum viride*, or *ipecac*, for every instance of ordinary fever.

That even the best of physicians will not now and then make blunders, is to give them more than mortal attributes; but that of which there is the chief and most room for complaint is not due to lack of competence, but to sheer carelessness, and a leaning upon their reputation in a particular neighborhood, rather than upon their higher duties to themselves, to their patrons, and to the profession they represent. It is not our wish or aim to indulge in a captious or censorious spirit, but we feel sincere by observation and reflection upon these evils, and earnest from a love of the profession, its honor and welfare, and above all it is a duty owing to our fellow-beings, that error should be expurged, truth promulgated, in order that the legitimate objects of science may be subserved. It is also our hope to infuse greater diligence in the votaries of science, that they may be lead *never* to lean upon past acquirements or reputation, but press forward,



carefully and vigilantly, and never cast a film of doubt over the whole circle of science, of which they may be held brilliant representatives.

---

ARTICLE II.

**Case of Exsection of the Knee-Joint in consequence of Disease of Bone caused by a Gun-shot Wound.**

---

BY E. S. COOPER, A.M., M.D.,

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific,  
San Francisco, California.

---

Mr. N. F., æt. 24, was shot through the knee-joint in June, 1857, the ball entering the lower end of the femur, detaching a portion of the inner condyle, and passing obliquely downward and outward through the upper part of the tibia, shattering it very much. When I was consulted, Oct. 25, 1857, sinous openings leading to the bones were found at different places. The probe would penetrate the substance of the bones very readily for an inch or more, though there was so much sensibility as to render its use very painful.

*Operation.*—Longitudinal incisions were made on the inner and outer sides of the leg, seven inches long, into the joint. A transverse incision was next made, extending from one to the other of the first incisions, dividing the ligamentum patella, and opening the joint fully. The patella being found diseased, was next cut away. A bone-chisel was then used, and the soft parts removed from three inches of the ends of the bones constituting the joint. The lateral and crucial ligaments were much affected, and required dividing in order to remove the ends of the bones found diseased,—which being accomplished, the leg was flexed completely upon the thigh, and while in that condition was forced forward so as to separate the tibia as much as possible from the femur, to facilitate the removal of its upper end, which was done with an ordinary amputating saw, taking off more than an inch. The leg, still flexed, was now drawn back as far as possible, to expose the lower end of the femur, which was taken off just above the condyles. The newly made bony surfaces were so shaped as to fit each other exactly when brought together and the leg nearly straight. The amount of bony substance removed prevented the difficulty in bringing the parts together in consequence of contraction of the flexors, which sometimes occurs, and in a few cases has led the surgeon to resort to the dividing of the hamstring tendons.

The parts were placed so as to leave the limb in the best position for

a bony union—the result always to be aimed at in these cases. A piece of lint was placed in each of the incisions, and a roller over the whole limb as tightly as the patient could conveniently bear, commencing at the toes. This dressing was kept constantly wet in an evaporating lotion composed of one part of alcohol and ten of water, for the first ten days. A splint was placed on the back part of the limb, to prevent flexion and keep the bony parts in close apposition. No sutures were applied in the soft parts, to hold them together, (which is according to my universal custom in these cases,) which made the wound heal entirely by granulation. The cold applications were exchanged for poultices at the end of ten days. These were continued for six weeks and renewed twice a day. Tr. iodini was applied every day after the evaporating lotions were discontinued. The lint was removed soon after the poultices were applied.

The wound healed kindly by granulation. In three weeks after the operation the patient was able to leave his bed and move about on crutches, the limb being carefully supported by a splint placed as before described. No pain or trouble of any kind occurred after the operation, and in three months the patient left this city for Philadelphia, Pa., where he designed remaining in future. The ends of the bones were united and solid when he left, and six months later I heard from him, when he was engaged in business and quite well.

*Remarks.*—Traumatic diseases of bones constituting a joint, when exsected and a cure fully completed, as in this case, seldom give rise to further trouble in patients of healthy constitutions; and I should be surprised if this patient should have any return of disease. It does, however, sometimes happen that even in these cases portions of bone are thrown off from time to time, giving rise to considerable local inflammation and purulent collections. This is especially frequent after these operations upon patients who have been long the subjects of disease affecting the joint, such as white swelling, and several years are sometimes required to effect a cure, but which may still become complete. Our medical literature touching this subject is in its infancy. The most experienced surgeons have written but little upon it calculated to enable us to decide the question as to what extent we are to practice conservative surgery in these cases. Much, however, will soon be developed by way of establishing more definite rules as to when local symptoms and a partial return of disease of bone after exsections will justify us in depending upon time and conservative measures, or a resort to the more speedy but objectionable mode of cure—amputation.

## ARTICLE III.

**A Case in Obstetrics.**

[Read before the Union Medical Association, Knightstown, Ind., April 1, 1861.]

BY JOHN LEWIS, M.D., OGDEN, INDIANA.

1861, March 15.—To-day, at 5 o'clock P. M., saw Mrs. W. She is aged about 35 years, has usually good health, and is the mother of two children, the younger of which is six years old. I found the patient sitting by the fire, apparently comfortable, and complaining of nothing except some weakness; she was free from pain and excitement of any kind. She informed me that her menstrua had been regular for years past up to May last; that during June, July and August they did not appear. During that period of three months she did not suffer any impairment of health, not even from nausea. In September, about the time her menstrua should have come on, she lost a foetus one day when on her feet engaged in household duties. The foetus was small, but she thought large enough for three months. She could not tell whether any placenta followed or not, for there was a good deal of hæmorrhage at the time; she did not lie in bed an hour, but proceeded with her household duties as if nothing had happened. During October, November and December her menstrua were again regular, and her health as usual. In January and February she again "missed" without any nausea or disturbance of general health. Six days ago, about the regular time for her menstrua to appear, she first felt uterine pains; these pains annoyed her very much when on her feet doing housework, but would subside very much when she retired for the night. This state of affairs continued until to-day, when another foetus, of the size it ought to have been at three months, was thrown off with but little pain. The foetus was very much macerated, and without any funis; there was no hæmorrhage immediately following its discharge. Four hours after the expulsion of the foetus, I found the patient as above described without pain or hæmorrhage.

Upon request, she very reluctantly consented to the vag. tact. By that means I found the uterus very low in vaginal canal, and very hard and firm, as containing something. I found the os uteri so much relaxed, that I could introduce my index finger; introduced the finger as far as the second joint, and could then just barely touch a placenta, which seemed to be soft, macerated, giving under the finger so much that I could get no hold of it. If I had had a blunt hook, I might have used it to my patient's advantage; but I had no such instrument at hand, did not like to depend upon ergot, and concluded to



follow the advice of Prof. Meigs in letting it remain for the time being, while other means were resorted to for its removal. Treatment: Take quiniæ sulph., grs. iij., pulv. opii, grs. ij., at once, and repeat every four hours until four doses are taken; rest in the horizontal position; a cloth wrung out of cold water to pubic region; to use a vaginal syringe occasionally, to remove any coagula that may be retained in vagina; to use cool drinks, and have as much physical quietness as possible.

March 16.—Patient suffered a good deal during the night from uterine pain, attended by pretty free hæmorrhage. Treatment: Continued that of yesterday. At bedtime take a full dose of purgative pills (comp. cathar.)

March 17.—Saw patient at 2 o'clock A. M. Learned that about two hours previous she had had pretty free vomiting of bilious matter, which had caused some alarm; but at the time I saw her the stomach was quiet. She stated that she had suffered all day, and night so far, with strong uterine pain; that about a teacupful of a dark, disintegrated matter had passed per vaginam since last evening. From a digital examination, I found a foreign mass just inside the os uteri; the mass was soft and yielding. By manipulating with a great deal of care, I succeeded in removing a mass of about the size of my shut hand; it smelled badly, and was in two pieces, held together by a membrane. I could discover no trace of a cord. Soon after the removal of this mass, several more small pieces passed off. In a few minutes after, from vag. tact. I could discover some of the mass yet remaining at the fundus of the uterus, but it was so soft and yielding that I could do nothing with it but to break it up as well as I could. Upon the withdrawal of the hand, about the size of a walnut passed off in very small pieces. After that she rested easily; uterine pains light and at long intervals; no hæmorrhage, pulse 70 and soft, and no soreness or swelling of abdomen. Treatment: Continue the horizontal position; take every two hours 3 ij. of a sat. sol. sulph. mag., until the bowels move freely. Follow the action of the bowels with quiniæ sulph., grs. iij., pulv. opii, gr. j., every four hours, until four doses are taken; continue cold compress on pubic region, and use tepid water as a vaginal injection frequently. . . . About 10 o'clock A. M. the bowels moved frequently and freely; no more placenta has passed; lochia normal, and after-pains light and at long intervals.

March 23.—Patient has continued to improve up to present writing, without any unpleasant symptom.

—Several points present themselves in the details of the above case

that seem to me to be full of interest. The first is, that when she aborted in September no placenta was visible. According to her reckoning, she had been pregnant at least three months, and it is not likely that the placenta of a three months fœtus could pass *per vias naturales* of a female without her knowledge. From her history of the case at that time I would infer that none passed. The second point is, the entire absence, during the whole period, of any sympathetic disturbance of the stomach or of the general health. In her other pregnancies she suffered a great deal from nausea. The third point is the large size of the fœtus and placenta thrown off in March, when she had only "missed" the two previous months. The fœtus thrown off at this time, judging from its macerated condition, had been dead some weeks; the placenta was partially disintegrated, putrefying,—facts leading to the supposition that detachment and death took place some time prior to the setting in of uterine pain six days before its expulsion. From these facts I can not but conclude that the woman conceived twice in June last: one of them perished and was thrown off in September following, the other in March of the present year, at about the full period of nine months from the time of conception.

As regards the removal of the placenta in this case, I believe it could not have been done with the hand; and I doubt very much whether it could have been removed with either forceps or blunt hook, on account of its macerated condition. For its removal I could not depend upon ergot, for I had never "proved it;" I could depend on quiniæ sulph. and opium, because I had proved them in numerous similar cases during a practice of fifteen years. The uniform result from their use in such cases has been such that I have never yet had any cause to regret having depended on them.

On retained post-abortion placenta, Prof. Meigs has the following language:

"In some cases of abortion it is not within the power of the medical attendant to extract the placenta. The long cylindrical canal of the cervix closes soon after the expulsion of the waters and the embryo; the womb sometimes ceases to contract, and the finger can not gain access to the uterine cavity,—and even if it can, it is not always possible to remove the placenta, which occasionally adheres with abnormal pertinacity. Attempts with a proper small forceps, with the placental hook, by means of ergotism, and other means, should always be carried as far as a sound discretion will permit; but all rude and forcible attempts to procure extraction should be regarded as equally dangerous as the continued stay of the after-birth in the cavity. I have many times preferred to leave the remains of the abortive ovum to macerate and putrefy *in utero*, to the dangerous risk of provoking in-

flammation of the organ by forcibly tearing it from the womb. In my own practice I had never occasion to regret my decision."

This is surely sound, common-sense advice, and from good authority. No doubt every medical man has, at some time or other during his professional career, been compelled to adopt a course similar to the above, whether sanctioned by recorded experience or not. If he can not remove the placenta by any means within his reach, what better can he do than to let it remain *in situ*, and trust to nature and to drugs for its removal? In such cases quiniæ sulph. and opium are, in my humble opinion, the remedies to be relied upon, whether hæmorrhage be present or not. From my own experience in using them in such cases, I think there need be no fear of metritis, peritonitis, or any other inflammation being developed.

---

ARTICLE IV.

**Poisoning by Belladonna: Recovery.**

---

BY SAMUEL WILLEY, M.D., ST. PAUL, MINNESOTA.

---

On the afternoon of 23d July ult., about 6 o'clock, my little boy found in my office between thirty and thirty-five grains of a fine extract of belladonna, which he ate by mistake for extract of liquorice. As he approached the house, his mother noticed his unsteady, nervous gait, and conjectured from his dilated pupils and incoherent speech that he had been poisoned, and immediately sent messengers for medical aid, at the same time notifying my partner and myself, who were engaged in a case in an adjoining town, by telegraph.

Within half an hour Drs. Brisbane, Roger and Potts were in attendance, and by 7 o'clock the stomach had been emptied, by sulphate of zinc and ipecacuanha, of some half-digested fruit, but no marked evidences of the poison either by smell or color. When I saw him, at 8 $\frac{3}{4}$  P. M., the pupils were dilated to their fullest extent, immovable by the application of light; conjunctiva intensely injected; lips and tongue dry; deglutition almost impossible; continual swaying to and fro of the body; gay delirium, with singing, etc., alternating with paroxysms of anger, violent delirium, accompanied with cries and shrieks, and manifestations of biting, striking, etc. Face generally flushed, but for a few seconds following the more violent delirium a deathlike pallor would ensue; skin hot, and pulse very rapid—not counted with accuracy.

Forced down his throat immediately two ounces of olive oil; ad-



ministered by enema twelve drops of laudanum in a tablespoonful of cold water, which was well retained ; had him placed upon a bed, that he might be free from the restraint consequent upon holding him in the arms ; applied mustard applications to feet and limbs, and continued cold affusions to face and head. The violent, maniacal excitement seemed somewhat to abate towards midnight, and periods of stupor became more manifest, though broken in upon frequently by the gay delirium, snapping fingers, whistling and singing. As the bowels had not moved from an ounce of castor oil given at 11 o'clock, nor from the olive oil taken, twenty grains of calomel were given at half past twelve, with a view to its cathartic and possibly eliminating effects, and with a vague hope to avert any subsequent cerebral trouble in the event of his recovery, of which we had scarcely the most remote expectation. The stupor increasing, strong coffee, and vinegar and water were forced into the stomach, and at the suggestion of Dr. B. strong coffee was administering often by injection, with temporary good effect.

At 4 o'clock A. M. of the 24th, complete coma ensued, the face and lips became livid, extremities cold, radial pulse scarcely discernible, breathing difficult and stertorous, with total insensibility to pinching, pricks of pin, slapping, dashes of ice-water over face, or vapor of ammonia, and speedy death seemed inevitable.

At this juncture, Dr. Hand suggested sending for a galvanic battery which I had given an asthmatic patient some two years before, and trying that. In fifteen minutes or less the battery was in operation, and the strongest possible shocks administered over the regions of the thorax, neck and spine particularly, for four hours without intermission. For three hours the only beneficial results were a slightly better color, less cold perspiration about the forehead, and somewhat increased warmth about the extremities ; pulse a shade fuller. At the expiration of the fifth hour, he would sometimes start suddenly upon the re-application of the poles of the battery, if they were momentarily withdrawn. An hour after, would change his position slightly ; and eight hours after the first application, uttered an irritable cry, and would make awkward attempts to thrust them aside. For six hours longer, making fourteen hours in all, were the shocks continued, at intervals of from twenty to forty-five minutes—their use determined by the stupor. During the night of the 24th, coffee and beef-tea were administered, ice enclosed in a linen rag frequently applied to his lips and tongue ; late in the evening, he had two or three bilious and very offensive dejections.

Not the slightest contraction of the pupils occurred until twenty-two hours after the accident, and then but slightly. Thirty-six hours after poisoning, the left pupil was perceptibly smaller than the right. He then saw, when aroused and interrogated sharply, objects double; for instance, two papas, two mammas, etc. This gradually passed away, however, and his recovery from the morning of the 25th is without especial matter of interest. It may be mentioned that the peculiar efflorescence was observed over the entire body until the coma and collapse came on, and from that time was only seen over the abdomen; and also, that wherever he scratched himself during his delirium a pustular eruption occurred, slow to heal and leaving deep eschars.

In conclusion, as I can not fee my medical brethren, may I not make grateful mention of the unremitting efforts, for thirty-six hours, of Dr. Hand, now with the Minnesota regiment on the Potomac, and of Dr. Brisbane, formerly of Ohio, now an accomplished surgeon of this city?

---

## Proceedings of Societies.

---

### Proceedings of the Cincinnati Academy of Medicine.

HALL OF ACADEMY OF MEDICINE, )  
Monday evening, September 2, 1861. }

The Academy convened after a summer recess of several months. President White being absent with his regiment in the war, Vice President Foote took the chair and called the Academy to order. In the absence also of the Secretary, on motion, Dr. Stevens was appointed Secretary *pro-tem*.

*The Morning Sickness of Pregnancy.*—There being no regular essay or other business presented, Dr. Murphy inquired if any member of the Academy had had any experience in the use of *oxalate of cerium* in controlling the nausea or "morning sickness" of pregnancy.

Dr. Stevens stated that he had recently made use of that remedy in a single instance with apparent good effect. The lady had used bismuth, brandy, champagne, and most of the usual resources of our art without effect; the oxalate of cerium was then tried in doses of one and a half grains, affording great relief, though not entirely arresting the trouble.

Dr. Foote had tried the remedy in three cases some time since—in

one with entire relief, in another with much benefit, but not so decided as in the first ; in the third case without any special relief.

Dr. Bonner had used the oxalate in several cases, but had not observed any particular effect whatever.

Dr. Gans stated that he had used this medicine to considerable extent for other forms of nausea than that known as morning sickness, but his experience had not led him to feel much dependence upon it as a reliable remedy.

Dr. Smith raised the question as to the *cause* of morning sickness, appealing especially to Dr. Murphy.

Dr. Murphy considered Dr. Smith quite as able to give a satisfactory explanation of the phenomenon as any gentleman present. He proceeded, however, at some length to dwell upon the commonly received causes as given by standard authorities. He also alluded to the wonderful difference in this matter with different women ; some passing through their entire pregnancy free from any trouble of this kind, while others are excessively distressed from the beginning to the end of gestation. He presumed that the great majority of cases of morning sickness was dependent on some lesion of the neck or walls of the uterus. In many cases he had no doubt the muscular structure of the wall of the uterus was in some way in fault. Dr. M. also alluded to the fact of these causes being so marked as to continue the trouble so excessively as to result in abortion.

Dr. Smith said that very extravagant claims had been made for the oxalate of cerium ; some going so far as to fancy that it would uniformly or generally control morning sickness, which otherwise must necessarily result in abortion—or in many cases which otherwise could only be relieved by an evacuation of the uterine cavity. He had no doubt of its good effect in many cases, but supposed that its efficacy was greatly exaggerated. He supposed that morning sickness, if not excessive, was not a symptom to be specially deplored ; and he was not of the opinion that, except in extreme cases, it was desirable to interfere ; most cases had an excellent final result, despite the nausea.

Dr. McIlvaine alluded to the fact that morning sickness had been very improperly, as he considered, made the pretext in a number of cases which had come to his knowledge, for the production of abortion.

Dr. Carroll supposed the cases demanding the production of abortion were very rare, and yet he knew from his own personal experience that such cases did now and then occur. He related in illustration the case of a lady over on the Kentucky side of the river. When he was called to see her, she was four months advanced ; sickness very



distressing, much emaciated ; a very extensive and peculiar skin disease had made its appearance on the arm. He considered her condition extreme and dangerous. An ineffectual attempt had already been made to rupture the membranes and procure an abortion. He repeated the effort with success, and after the abortion the patient was restored to speedy health. He endeavored to impress upon the lady that she should not become pregnant again ; but, notwithstanding this advice, in time pregnancy again occurred, and was attended with a repetition of the same peculiar and distressing group of symptoms as before ; which continued until abortion was again resorted to. He therefore supposed there was occasions in which this became a legitimate resort, but considered such cases exceedingly rare. In this case in both instances the dead fœtus was diseased after the type of the mother, as to the skin affection.

Dr. Gans announced that with the consent of the Academy, he would read some reflections on *Puerperal Fever* at the next meeting of the Academy. Adj.

---

Monday Evening, Sept. 9, 1861.

Vice-President Dr. Foote in the chair. Dr. Stevens appointed Secretary *pro-tem*. The minutes of the last meeting read and approved.

The reading of Dr. Gans' Essay was suspended, to enable Dr. Murphy to present to the Academy an interesting case of

*Progressive Paralysis*.—Dr. M. stated that several months ago this man came to him for advice, the prominent symptoms being at that time a want of control over the muscles of deglutition : taking fluids into the mouth, there was a tendency to their expulsion by the nostrils. He could discover no throat affection ; there was no follicular trouble. Not being at that time satisfied of the exact nature of the case, at his request Dr. Mussey passed a probang down the œsophagus. He was placed under the use of iodide of potassa, and after a time seemed better, and passed out of his notice. More recently he has returned, with the same symptoms aggravated : deglutition is difficult ; there is also a gradual failure of the power of speech ; there is at the same time some failure of the muscular power of the arms. Dr. Murphy thought this an interesting and rare case, and after the members had made an examination of the case, Dr. M. proceeded to say that he regarded the case as one of *Progressive Paralysis*, and in illustration of the views he had of the case he called the attention of the Academy to the report of a number of similar cases, with the peculiar details of their features and progress, as read before the Medical

Society of Paris, by M. Duchenne and Dr. Costilhes. The doctor read at some length a translation of these cases, in which there was a wonderful similarity of character with the case presented to the Academy by Dr. Murphy this evening. [The translation of these cases will be found on page 106 of the present volume of this journal. —Eds.] Dr. M. said the pathology of these cases was obscure, but thus far they had been, so far as observed, speedily fatal in their termination. He presumed such would be the result with the case which he had presented to the Academy.

Dr. Carroll related the case of Dr. Williams, formerly of College Hill, in this county, which was of the same character with this before us, and was speedily fatal in its course.

Dr. Baker had seen three of these cases; one of them was that of Dr. Williams, just related by Dr. Carroll, who was his personal friend. In one of the other cases, he had tried galvanism, at the suggestion of the elder Dr. Mussey, but like all other remedies, so far as he knew, without any effect.

Dr. Gans had had no personal experience in cases of this character, and, though there was no satisfactory proof to offer, yet he did not doubt they were the result of a progressive softening of the brain; and if any treatment were admissible, it would be in accordance with this theory. He would probably try iron, quinine, bitter tonics, etc.

—Dr. Gans then proceeded to read his paper on puerperal fever, announcing that the portion he would present this evening would embrace a discussion of the histological changes, reserving the pathological and therapeutical views for another reading.

Academy adjourned.

---

## Editorial Translations.

---

1. *Addison's Disease*.—From a report of Prof. Buhl's pathologico-anatomical demonstrations:

All recent investigators agree that the cortical substance of the suprarenal capsules is of a glandular character, while the interior is possibly a part of the nervous system. These organs may prepare a peculiar secretion which enters the blood; but the results of physiological researches on that point are contradictory. In regard to the extirpation of the capsules in animals the conclusions are also far from sat-

isfactory : the high importance attributed to these capsules by Brown-Sequard is utterly denied by many others.

Disease of the suprarenal capsules has been so far observed either in combination with the peculiar discoloration of the skin (40 cases), or without it (24 cases), while bronzed skin without affection of the capsules has been noticed in ten cases. Fourteen cases of Buhl are included in these. The principal symptoms may therefore be stated to be the bronze-color of the skin, and a progressing loss of strength. The disease is almost invariably of a chronic character, and the prognosis very unfavorable. The usual termination is death, although a few recoveries are reported.

As far as treatment is concerned, tonics, and among them the preparations of iron, seem to be followed sometimes by improvement. As yet, however, there is no evidence of a successful therapeutical influence. The iodide of potassa, proposed by Prof. Seitz, of Munich, has yet to be tried.

The conclusions drawn from a minute examination of several cases are as follows : Pigmentary deposits take place not alone in the skin and tongue, but also more or less in the lungs, bronchial glands and spleen, sometimes even in the intestinal and mesenteric glands. They occur in diseases of the lymphatics, spleen, liver and lungs, with and without affection of the suprarenal capsules. The latter is therefore not an essential condition. Very compact miliary tubercles are developed, either surrounded by a thick fibrinous capsule, or entirely of a fibrinous consistence. Their development is accompanied by swelling of the affected organs, if these are the lymphatics, spleen, or liver. They appear in the lungs without cavities ; in the spleen in pedunculated bunches, connected with the blood-vessels ; in the liver reposing on the adventitious branches of the smaller vessels ; in the lymphatic glands and suprarenal capsules they are united to the original tissue by fibrinous formations. Caseous degeneration of the affected organ is apt to follow, especially in the suprarenal capsules and lymphatic glands. Bronzed skin, accompanying disease of several important organs which are connected with sanguification, is probably the result of a morbid change of the blood. Direct consequences of this morbid change are the deposition of pigment, emaciation and exhaustion. The nature of the change can be designated as a decrease in quantity, with an unusual decrease of fibrin. Addison's disease must be considered as a particular form of chronic miliary tuberculosis, arising from a peculiar condition of the blood, which condition results from some cause yet unknown.—*Wiener Medizinische Wochenschrift*.



2. *Remarks on Syphilis.* By Prof. Hebra.—The following conclusions are based upon nine cases, detailed with reference to the influence of syphilitic parents treated by mercury on their offspring.

1. Secondary syphilis can be transferred to the wife, by sexual intercourse, without any local affection of the genital parts, and much easier when remains of syphilis are still present on the skin or mucous membrane of the husband.

2. Syphilis may be latent in the system without any symptom in the parent, until it manifests itself in the offspring.

3. Syphilitic men may not infect either wives or children. If the mother is infected, the children may be healthy notwithstanding; or the first children may be diseased, while those born afterwards are not.

4. Symptoms of inherited infection appear, whether the father has been treated with mercury or not; they are therefore to be ascribed to the disease and not to the treatment.

5. The mercurial treatment gives no security either against the re-appearance of the disease in the same body, or against its transmission to the offspring. All other methods of treatment are liable to the same objection, and, after all, mercury cures syphilis in the parent as well as in the children with more certainty and less injury than any other therapeutical application.—*Wiener Medizinische Wochenschrift.*

3. *Experiments with Syphilization.* By Prof. T. Hebra.—Between November, 1858, and January, 1860, twenty-four patients (primary syphilis 3, secondary 19; four of which had been previously treated with mercury; serpiginous lupus, 2) have been inoculated with matter taken from a soft chancre. In all cases the operation was repeated every two or three days, as long as any reaction (appearance of pustules) followed. No treatment of the wounds beyond the application of an oiled cloth. All morbid symptoms usually disappeared within from three to six weeks, after a varying number of inoculations: some reaching immunity with seven, others not with six hundred. An increase of weight was noticed in all those inoculated, except two.

Mercurial inunctions have no influence on the course of syphilization. Where the patients are inoculated until immunity is reached, a relapse need not be feared.

While the experiments are continued, the fact has been already established that patients suffering from primary or secondary syphilis are perfectly well during continued inoculation from chancres, improve in appearance, increase in weight, and lose gradually all symp-

toms of the disease. The latter happens in the same manner as under the mercurial or iodine treatment, but more slowly.

The most rapid and certain cure of syphilis is obtained by treating it with mercurials.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien.*

4. *Syphilization.* By Dr. Fr. Fieber.—In a therapeutical view, syphilization can only be compared to the isopathic treatment of cholera, with the potential evacuations of cholera-patients, of variola with potential small-pox matter, etc.

The augmented quantity of venereal poison, introduced into the organism, does certainly not increase the latter's energy and power of resistance, but diminishes them, like all other poisons.

The reported success is evidently more due to nature than to the infliction of seventy or a hundred fresh ulcers. Relapses seem to be frequent.

A mercurial treatment gives so satisfactory results that it needs no substitute in a dangerous innovation. Syphilization may be tried, but only in desperate cases, where the rational methods prove of no avail.

Prophylactically, vaccination might be compared with syphilization. But the cow-pox prevents small-pox—the lesser evil the greater, and to a certain degree only, while it is claimed for syphilization that a disease cures itself, if implanted over again in the same organism, and protects the organism against a renewed influence of itself. The inoculation of variola-matter has never been thought of as a cure for variola.

Another analogy would be the capability to swallow large doses of opium without direct injury. Here, however, no immunity against the effects of the poison is claimed. Several ounces may result in death, where several drachms are taken with impunity.

That syphilization carries the patient rapidly through all stages of the disease to a point where the danger of further infection ceases, is an unproved hypothesis. Pyæmia may follow; pain, fever, impaired nutrition certainly do, and it is probably of some importance to the patient, whether to have one scar in some part easily covered, or to have hundreds over the chest and extremities.

Notwithstanding all these objections, judicious trials with syphilization are justifiable, until its value is fully established.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien.*

5. *Embolia in the Arteries of the Extremities.*—By Prof. Oppotzer.—The crural artery is oftener obstructed than the axillary. A plug

sent to the former, either from the heart or from some part of the aorta, may be detained near Poupart's ligament, or carried on to the profunda femoris, or posterior tibial artery.

*Symptoms* : The circulation being instantly interrupted at the point of obstruction, the muscles are suddenly paralyzed, with a sensation as if the extremity was knocked off. Then follows a gradual decrease of temperature; the sensibility of the skin, however, is at first not much diminished. After a short time the most various painful symptoms set in, especially pricking and formication, changing by degrees into the most violent pains, with abolished sensibility, which is the most prominent symptom. At the same time the extremity grows colder, assumes a marmorated color, first blue, then lead-like, finally black. Atrophy and mummification, proceeding from the toes, progress up to the region where meanwhile a collateral circulation may have been established.

Thrombosis of the crural vein can be formed in consequence of the wanting arterial impulse. In that case there is considerable œdematous swelling of the extremity, frequently with ecchymosis and running into sphacelus.

*Diagnosis* : Absence of pulsation in the crural artery and its branches; the vessel completely disappearing under the examining finger. In thrombosis of the artery, a solid string is felt through its whole course; ossification characterizes itself by the rigid portions alternating with soft ones. Congenital artesia of the aorta near the duct of Botalli is also accompanied by loss of pulsation in the crural artery, but in both extremities, and a closer examination discloses the superficial branches very extended, and presenting a vibrating pulse.

Simultaneously with the absence of pulsation appears sudden paralysis of the extremity. This can hardly be mistaken for paralysis from the spinal marrow, or from pressure of the nerves. If associated with affection of the opposite hemisphere of the brain, the wanting pulsation must decide the diagnosis.

*Prognosis* : Unfavorable. Death results from exhaustion or pyæmia, in consequence of extensive mortification. In exceptional cases the gangrene is stopped by a well-established collateral circulation, and the mortified parts being detached, recovery follows.

*Treatment* : Very little can be done beyond mitigating the pain by cold applications. Amputation would only be advisable where the gangrenous parts show an inclination to separate.

All these remarks apply with the same force to embolia in the arteries of the upper extremities.—*Wiener Medizinische Wochenschrift*.



## Correspondence.

---

BOSTON, MASS., Sept. 10, 1861.

MESSRS. EDITORS:—The remark is often made that “the present condition of our national affairs does not affect the pecuniary standing of the physician; that the people will be sick, and must have medical advice,” etc. This is all very well in common parlance, but professional men must share, in common with others, the burdens and inconveniences incident to the fraternal conflict now agitating the country. And there is no class of the community more willing to meet the emergency than the physicians. Thus time, skill, and money are freely proffered; and no post of danger, whether amid the more exciting and virulent causes of disease, or upon the field of action, is too exposed for them to occupy. Their patriotism, tempered with benevolence, and generous impulses, administers to friend and foe alike, extending the hand of mercy wherever physical suffering may be found.

So far as New England is concerned, there has been no special epidemic the past season, and continued health is the rule. It is well that it is so, inasmuch as that portion of the community who require the services of the physician most is not in a condition to fulfil their obligations to that extent as they were accustomed to do when the commercial interests of the country were in a more prosperous state. The prostration of business in manufacturing towns, and the inability of many on 'Change to meet their liabilities, all tend directly or indirectly to curtail the receipts of medical men. Still we hear of no murmuring sighs among them, or disloyal hearts,—but quite the reverse. When duty calls, whether at the bedside, with no hope of compensation, or in the ranks of those rallying to sustain our national honor and existence, the same moral heroism is displayed, and the same Christian hand is put forth, to do *deeds of charity and deeds of valor*.

The prospect of a Free City Hospital is quite flattering. A plan submitted by Gridley J. T. Bryant, of this city, has been adopted. “The design embraces six separate pavilions radiating from a central structure, but entirely disconnected with said structure, excepting by corridors or walks, each of the quadrant of a circle in form.” It is intended that “four of these pavilions will accommodate forty to fifty patients each,” and the remaining two twenty each. The whole design is beautiful, convenient, airy, chaste and economical. “The par-

ticular style chosen is the modern *Renaissance* architecture — a style which, from its own inherent beauties, no less than from its almost universal susceptibility of adaptation to structures of a dignified and monumental character, stand confessedly at the head of all the forms of modern secular architecture in the chief capitals of the world.”

Within the last two or three months quite an unusual number of cases of puerperal convulsions have been reported in this vicinity. Ether has been used freely, but not always with success.

Three regular physicians in active practice have died in this city within the last three weeks, and two or three in the neighboring towns.

The roster of surgeons for the army, from our State, is not wanting in material, as applicants are numerous and eager for a taste of military life.

I noticed that two or three physicians in New York have renounced Homœopathy. I think the Hahnemannian dogmas have reached their acme here, and are fast degenerating into what is called eclectic practice, or generous doses.

*Vanity Fair* speaks of *Medical Highwaymen* in the following poetic waif. Where are the *medical police*?

“Some late advertisers of patented pills,  
By way of persuading the public to buy,  
Bid all who are cursed with corporeal ills  
To ‘Take them and *live*, or refuse them and *die*!’  
God help us! — says Timon — and must we defend  
Our persons and pockets with pistol or knife?  
One can easily see what the rascals intend:  
‘Tis the highwayman’s cry of ‘Your purse or your life!’ ”

B.

---

CAMP CHEAT MOUNTAIN SUMMIT, VA., August 28, 1861.

PROF. WEBER.—*My Dear Sir* :—Here we are in the clouds, on the pinnacle of Cheat Mountain, three thousand feet above the surface, upon the sacred soil of the “Mother of Presidents,” and the father of States. Mountain upon mountain arises to view; in the distance we behold the Alleghanies, twenty miles from us, where Gen. Lee and fifteen thousand rebels are encamped. We are upon the very frontier of Seceshdom, now fortifying and entrenching ourselves. We are in Gen. Rosecrans’ brigade, and if I do not mistake the character of our boys, you will hear a good report of us very soon. This portion of Virginia is not much inhabited, except by a few mountaineers, the most despised of all God’s creation, who will only lay in ambush, or on the side of a mountain, to waylay some unsuspecting traveller, or perchance an officer who is daring enough to leave the lines unprotected

and alone. We have captured and killed a dozen or so of the rascals, and they have not touched us yet. Almost every night there is an alarm, but no fight. Gen. Lee advanced three regiments within eight miles of our camp a week ago, but we soon made it so hot that they moved back in double-quick time.

We have as fine a regiment as has left the State, and as well officered. Our Colonel is Jacob Ammon, of West Point; our Lieut. Col., Gilber, of the Coast Survey; and the balance of staff and field are all worthy officers, your humble servant excepted.

Ohio does not equip her troops as well as I wish she would,—although we are much better provided for than many others. I have used superhuman exertions to furnish my department well, but some things I still need—viz., hospital cots and ambulances, having only an old express-wagon to convey my sick in, with a cover through which the rain pours,—and it rains nearly every day on these mountains. I have seen a description of an ambulance, got up by you, which I would give one hundred dollars out of my own pocket if I had one here. If any are made, or can be procured, let me know, and I will make a requisition for it, etc. All my instruments furnished was an amputating case—not even ball-forceps or a bandage.

Your ob't servant,

GEO. R. WEEKS.

---

#### A Question.

MESSRS. EDITORS :—As far as my own experience goes, as well as that of some professional friends, hot weather destroys the effect of vaccine virus to such an extent as to render vaccination during the months of July and August entirely valueless. With the best virus, and the most approved method of operation, we find it impossible to more than start the pustules, which invariably dry off and disappear by the fifth or seventh day after vaccination, leaving no mark beyond that of the incision or puncture. Sometimes this happens in June or May, if the temperature rises considerably in those months. Have not others made similar observations? If so, it would be important to know it, as it would be a valuable hint as to the best season for vaccination.

C. A. HARTMANN, M.D.

*Cleveland, July 26th, 1861.*



## Reviews and Notices.

---

*The Pathology and Treatment of Venereal Diseases; Including the Results of Recent Investigations upon the Subject.* By FREEMAN J. BUMSTEAD, M.D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York, etc. etc. Philadelphia: Blanchard & Lea. 1861.

It seems only a little while since we had occasion to call attention to Dr. Bumstead's translation of Ricord's Hunter. In that book is embraced a very fair exposition of the more recent doctrines of venereal pathology, and as such we took occasion to commend it to our readers. The present volume, however, is a systematic treatise, bringing the whole subject in all its progressive development up to the present time, and we must say that we have been greatly interested in its perusal, and can not but regard it as a very important contribution to the literature of venereal diseases.

We may safely say that no department of surgical inquiry or research has made such progress, or submitted to such change in its doctrines, as this great field of syphilis. Much of this progressive change of opinion has taken place within a very few years; so much so that active practitioners of medicine and surgery of to-day find it incumbent almost entirely to unlearn and relearn their knowledge upon this subject. Take, for instance, the nature of hard and soft chancre: the existence of a distinct syphilitic virus has been definitely and sufficiently established for a long time; but is there more than one kind of virus? The earlier writers evidently doubted the unity of the virus; thus Hunter and Abernethy were at a loss to explain certain phenomena under the theory of a single syphilitic virus, and even Ricord was confident that the time would come when we should be able to explain these things by the demonstration of a difference in the specific cause. But still the peculiarities of the soft and the indurated chancre were explained upon the vague idea of difference in temperament and habits and constitution of the individual. In 1852, however, M. Bassereau, a former pupil of Ricord, published his treatise, in which he discussed this question and vigorously attacked the old doctrine of the unity of the virus, and very satisfactorily demonstrated the fact that the specific cause of the soft chancre is as distinct from that of the hard chancre, as the cause of gonorrhœa is from either; that a soft chancre never produces by infection or inoculation a hard chancre; and finally, that constitutional syphilis is only the result of the hard chancre, the soft chancre being uniformly a local disease. With this important change,

then, in the doctrines of venereal disease, there is a disposition to style soft chancre *chancroid*. So, then, Dr. Bumstead classifies his subject, and arranges his work to treat of *Gonorrhœa*, *Chancroid*, and *Syphilis*.

Several other important changes in the accepted doctrines of syphilis have taken place within the past ten years. Thus, Ricord maintained for years, and only surrendered his opinion after the most strenuous contest, that secondary syphilis was never contagious; but facts upon this point have so multiplied as at present to leave no further doubt upon this important question.

However, we may better and more briefly express these recent changes in doctrine and additions to our knowledge of venereal diseases by a quotation from the preface of the book before us, in which Dr. Bumstead gives this summary, the discussion of which, indeed, would seem to constitute the chief apology for the preparation of his book. He says:

“Amongst the most remarkable may be mentioned the distinct nature of the two species of chancre; the innocuousness of the secretion of the infecting chancre when applied to the person bearing it, or to any individual affected with syphilitic diathesis; the removal of certain obstacles to a general belief in the contagiousness of secondary lesions; the fact that syphilis pursues the same course whether derived from a primary or secondary symptom, commencing in either case with a chancre at the point where the virus enters the system; the definite period of incubation of the true chancre, and of general manifestations; the inefficacy of the abortive treatment of syphilis; and the phenomena of syphilization, and their correct interpretation.”

We have only to say in conclusion, that while the whole subject of the nature and treatment of venereal diseases and complications are considered with systematic care and exactness, these new facts and views are amply discussed and illustrated.

We take great pleasure in commending Dr. Bumstead's book to the favor of our readers.

For sale by Rickey & Carroll. Price \$3.75.

---

*A Treatise on Diseases of the Joints.* By RICHARD BARWELL, F.R.C.S., Assistant Surgeon Charing-Cross Hospital, etc. Illustrated by engravings on Woon. Philadelphia: Blanchard & Lea. 1861.

This is a fine, large volume of four hundred and fifty-seven pages. It is divided into fifteen chapters, with the following headings: Chapter 1. Physiological Anatomy of the Joints. Chap. 2. Acute Synovitis—pathology, symptoms, treatment, cases. Chap. 3. Acute Rheumatism. Chap. 4. Syarthrosis—pathology, local symptoms, treatment, cases: traumatic, uterine, gonorrhœal. Chap. 5. Strumous

Synovitis—pathology, symptoms, treatment, cases. Chap. 6. Rheumatic Synovitis. Chap. 7. On some other forms of Chronic Synovitis—syphilitic, gouty, simple. Chap. 8. Hydrarthrosis—pathology, symptoms, treatment, cases. Chap. 9. On loose Cartilages in the Joints. Chap. 10. Acute Articular Osteitis. Chap. 11. Strumous Articular Osteitis. Chap. 12. Chronic Rheumatic Arthritis. Chap. 13. Inflammation and Degeneration of Cartilages. Chap. 14. Hip-joint Disease. Chap. 15. On Affections of Synovial Sheaths and Bursæ in the neighborhood of Joints. Chap. 16. Hysteric pseudo-Disease of the Joints. Chap. 17. On the Restoration of Mobility and Conformity to Crippled Joints. Chap. 18. On the Removal of Diseased Joints.

We have examined the book with much care, and believe that the author has familiarized himself at the bed-side with the diseases of which he has written. As a proof of this, he illustrates each and every disease discussed, by cases of interest. It will be found to be a valuable book to the practitioner. The illustrations are well executed, and the printing is unexceptionable.

For sale by Rickey & Carroll, at \$3.00.

---

*The Morbid Effects of the Retention in the Blood of the Elements of the Urinary Secretion.* By W. W. MORLAND, M.D., Member of the Boston Society for Medical Improvement, etc. Being the Dissertation to which the Fisk Fund Prize was awarded, July 11th, 1860. Philadelphia: Blanchard & Lea. 1861.

Those of our readers who have read the author's work on the urinary organs, will be able to form a very correct opinion of this prize essay. The essay is clearly and strongly written. A perfect knowledge of every thing written on the subject is manifested by the author. The essay will be useful to those who have not access to all the modern works on the subject, or who cannot afford to purchase them. For sale by Rickey & Carroll, at 75 cents.

---

*Treatment of Scabies.*—The best remedy is a warm artificial sea-bath, taken every evening. It may be prepared by mixing four pounds of kitchen salt in two pails of luke-warm water, or by dissolving one pound of potassa in the same quantity of water. After the bath, put on clean linen. In the morning, wash the whole body with cologne, or use one of the following formulæ as a wash: either two drachms of lavender oil, one scruple of oil of cloves, and one pint of alcohol, well mixed together; or one drachm of sulphate of zinc, dissolved in six ounces of rose-water.—*Med. and Surg. Rep.*



## Editor's Table.

---

*Cincinnati Academy of Medicine.*—We are pleased to note that this organization, after a summer vacation, has resumed its regular sessions every Monday evening. The meetings are well attended, and the papers and discussions thus far are of more than usual interest. We hope to be able to present regular reports of those discussions for the future.

---

*Indiana Insane Asylum.*—Dr. J. H. Woodburn, of Indianapolis, has been elected Superintendent of the Indiana Asylum for the Insane.

---

*Jury Trials in Suits for Malpractice.*—There has long been felt amongst medical men, the propriety of some change in trials by jury in those cases where malpractice is charged upon the attending physician. It is very evident that few men in the ordinary pursuits of life are fitted to decide upon the intricate medical and surgical questions which are often involved in these suits. Hence, as has been again and again insisted, medical men have demanded the right of trial by their peers. This question has been recently discussed by Dr. Prince, in an address as President of the Illinois State Medical Society, in which this demand for a trial by experts is essentially the point urged. The *American Medical Times*, in commenting upon the address of Dr. Prince, thinks that these efforts to modify the present system of general jury trial will never be materially modified. "The high, sacred, and too often pleasing duty of assessing damages in these cases, will never be yielded by the sovereign people." It supposes, however, that a modification might be secured in most of our States, which would, in many respects, answer the purpose desired: "It is this: In all cases at law involving questions of right or wrong practice in any particular art or science, let either party have the right of asking the appointment by the Court of three skilled persons, who shall first examine the case and determine whether the charge of malpractice is true or not. If it is decided to be true, let the case go before the jury for the assessment of damages; if not true, let it be nonsuited. Such a law would give the profession all the advantages desired, and still leave the jury its coveted privilege of mulcting the luckless defendant." The *Times* thinks the concession which many Legislatures have granted of permitting both parties to give testimony is an important one for our profession; the medical defendant in

many cases being the only individual who has it in his power to present to the court and jury a fair and truthful representation of the history of the case.

---

*Treatment of Fractures of Long Bones by Simple Extension.*—We have received a pamphlet reprint of a report before the New York State Medical Society, with the above title, by Dr. John Swinburne, of Albany. Dr. Swinburne believes that splints, except for incidental coaptations, are worse than useless, and that all these fractures are better and more philosophically treated by simple extension. We shall take occasion some other time to give a fuller notice of the plan adopted by Dr. Swinburne, as his views are novel, and sustained by ample reports of cases.

---

*Longview Lunatic Asylum.*—Dr. Ludlow, the Assistant-Physician, having resigned his office, to accept that of captain of Cavalry U.S.A., Dr. W. H. McReynolds, of Cincinnati, has been appointed in his place. The appointment is a good one. The Trustees of the Asylum have determined the salaries of the medical officers of the house. The Superintendent receives twenty-five hundred dollars a year, and the Assistant one thousand.

---

#### Army Intelligence.

---

*Brigade Surgeon Appointments.*—From Indiana: Drs. J. S. Bobbs, W. B. Stewart, and M. C. Thompson have been appointed Brigade Surgeons, dating from Aug. 3rd, as per General Order of Aug. 20.

From Illinois: By same General Order, and from same date, Drs. D. Prince, J. W. Freer, J. V. Z. Blaney, Thos. Sim, J. H. Rauch, and S. R. Haven are appointed Brigade Surgeons.

*Brigade Surgeons Assigned to Duty.*—The following Brigade Surgeons have been assigned to duty, to report as ordered below: Dr. S. W. Gross to Brig.-Gen. Anderson; Drs. J. D. Johnson, Wm. Clendenin, and C. G. Shumard, to Maj.-Gen. Rosecrans; Drs. J. E. Quidor, A. B. Campbell, J. V. Z. Blaney, O. Martin, and N. R. Derby, to Maj.-Gen. Hunter; Drs. C. McMillan, J. H. Brinton, P. W. Ellsworth, L. V. Bell, and A. H. Hoff, to Maj.-Gen. Fremont; Dr. Frank. H. Hamilton to Gen. Franklin; Dr. Geo. Suckley to Gen. Heintzelman; Dr. Stewart to Gen. Andrew Porter; Dr. Rauch to Gen. Keyes; Dr. O'Leary to Gen. Couch.

*Appointments in Ohio Regiments.*—Dr. C. McDermont, of Dayton, who was attached to one of the "three months" regiments, is ap-

pointed Surgeon to the Forty-Third Regiment. Dr. J. D. Robinson, of Wooster, is appointed Surgeon to the Forty-Sixth Regiment. Dr. F. B. Mussey, of Portsmouth, is appointed Surgeon to the Thirty-Third Regiment, and Dr. — —, of Piketon, Assistant-Surgeon to the same Regiment. Dr. D. E. Wade, of Cincinnati, is appointed Surgeon, and Dr. B. F. Miller, of Cincinnati, Assistant-Surgeon, to the Third Regiment. Dr. Charles Thornton, of Cincinnati, has been appointed Surgeon of Col. W. H. H. Taylor's Cavalry Regiment, now being formed for service under Gen. Fremont. Dr. L. A. James, of Cincinnati, and Dr. M. McMillen, of Kentucky, Resident Physician of St. John's Hospital, have been appointed by Col. Kennett Surgeon and Assistant-Surgeon to his Cavalry Regiment, now forming for service under Gen. Fremont; Alfred Taylor, of Cleveland, Surgeon of Second Regiment Ohio Cavalry; E. T. Chase, Zanesville, Surgeon, Thirteenth Regiment; George A. Spiers, Canton, Surgeon, Forty-Seventh Regiment; Augustus Hæltage, Canton, Assistant-Surgeon, Forty-Seventh Regiment; Henry T. Grier, Washington, Surgeon, Thirtieth Regiment; Jacob T. Cantwell, Mansfield, Surgeon, Thirty-Fourth Regiment; J. R. Arter, Salineville, Surgeon, Thirty-First Regiment; A. Wilson, Sidney, Assistant-Surgeon, First Regiment; Thos. G. Cleveland, Surgeon, Forty-First Regiment; W. R. S. Clark, Bucyrus, Assistant-Surgeon, Thirty-Fourth Regiment; Chas. E. Denig, Columbus, Assistant-Surgeon, Sixteenth Regiment; J. T. Smith, Warren, Assistant-Surgeon, Second Regiment Ohio Cavalry. Dr. Aaron Brown, of Cincinnati, has been appointed Assistant-Surgeon, by Col. Crafts J. Wright, to his Regiment in Missouri.

*Surgeon-General.*—We are happy to announce that Dr. McMillen, late Surgeon First Regiment O.V.M., has returned home, and resumed the duties of the office of Surgeon-General. There are few men better qualified for the office.

*Surgeons and Surgeons' Mates Approved by the State Medical Board.*—At the meeting of the Board, held in Columbus, September 6th, the following names were submitted to the Governor:

*Surgeons.*—W. N. King, Fredericktown; F. Hurxthal, Massillon; A. H. Phelps, Piketon; H. O. Mack, Mansfield; A. H. Stephens, Camden; S. F. Forbes, Toledo; Jay T. King, Plymouth; L. A. Hamilton, Chardon; C. P. Brent, and M. T. Carey, Cincinnati; W. M. Cake, Fostoria; Thos. McFadden, Westerville; W. L. Schenck, Franklin; Samuel Hart, Marietta; W. P. Johnson, Athens; M. C. Woodworth, Warren; J. T. Reed, Fairfield; H. K. Steele, Hamil-



ton; Allen Jones, Farmington; J. R. Brelsford, Bellbrook; Jacob Bradley, St. Marys; J. P. Haggott, Eaton; Geo. W. Maris, Columbus; F. B. Mussey, Portsmouth; W. B. Brezner, Cleveland; J. W. Warfield, Barnesville; T. T. Bond, Mechanicsburg; I. G. Buchanan, Wellsville.

*Surgeons' Mates.*—G. C. Norton, Decatur; M. T. Johnson, New Vienna; M. C. Cuykendall, and B. M. Failer, Bucyrus; John Hill, Senecaville; James Haller, Franklin; W. S. Moore, Felicity; H. B. Johnson, Richfield; W. C. Payne, Elmore; A. L. Vail, and C. Soelheim, Cincinnati; J. C. Kalb, Rosedale; H. R. Spooner, Republic; John Canaan, Camden; M. Hoge, Cambridge; S. S. Burrows, Geneva; M. Hagan, Port Washington; John H. Rodgers, Springfield; Jacob Laisy, Cleveland; S. L. Harper, Cincinnati; J. P. Bing, Pomeroy; J. W. Harman, Chagrin Falls; S. F. Selby, Collamer; M. H. Haynes, Seven Mile; B. F. Berkley, Reigner's Mill; W. Mills, Gallipolis.

*Military Hospital of Cincinnati.*—The Government has taken the Military Hospital under its charge. Its medical supervision will be under the charge of Dr. Wright, U.S.A., Medical Director of the Department of Ohio, and Assistant-Surgeon Webster Lindsly. The latter gentleman resides in the Hospital.

---

*Married*—On the 3d September, by the Rev. A. D. McCormick, Dr. JOSHUA WAY and Miss MARY F. KOONTZ, all of Barnesville, Ohio.

---

*Dr. J. H. Douglass*, of the New York *Amer. Med. Monthly*, having been appointed on the Sanitary Commission, in his absence from his post we notice the August issue of that Journal has the editorial supervision of Dr. L. Elsberg.

---

*Cassell's Family Illustrated Bible; Cassell's Illustrated Natural History.*—After a break of some months, these beautiful serials are again on our table. We began to fear these terrible times of financial trouble had stopped their publication. No one who has commenced the series of either will wish to forego their completion. They are still issued in semi-monthly parts at 15 cents each part, most abundantly and copiously illustrated. Address Cassell, Petter & Galpin, New York.

---

*To Correspondents.*—We have received a number of valuable contributions, which are on file, and will appear as soon as we can make room without entirely interrupting our usual variety. We have on

hand papers from Dr. McBride, Dr. Hibbard, Dr. Willey, Dr. B. Weber, Dr. Cooper, and Dr. Culbertson. We feel grateful that these war times have not entirely arrested our supplies in this particular, and we hope our friends will still labor without weariness.

---

*Health Department of Literary Magazines.*—We notice in the last issue of *Godey's Lady's Book* an article on the treatment of worms by Dr. Wilson, of Georgia, who contributes a regular health department to that old monthly. We reprint the article, not from any thing new therein—but in commendation of unusually wise suggestions through a popular medium:

“When a child becomes diseased from any cause, and there is good reason to believe that worms are adding to the irritation, and aggravating the disease, or when it is probable that they have accumulated in the stomach and bowels to such an extent as to become an exciting cause of disease by their numbers, then, and *not till then*, should measures be used for their expulsion.

“The practice of dosing children with all kinds of irritating worm-destroyers is fully as destructive to the children as to the worms, and thousands of children are annually killed by the indiscriminate and senseless use of quack vermifuges, administered upon the mere *presumption* of the existence of worms.

“Now, all vermifuges that are strong enough to kill worms must produce more or less irritation and disturbance of the living sensitive parts with which the worms are in contact, and this even when those parts are in a natural, healthy condition.

“The best remedies are pink root (*Spigelia Marilandica*), worm-seed oil, or oil of Jerusalem oak seed (*Chenopodium anthelminticum*), the oil of male fern (*Felix mas*), the oil of turpentine, and China root (*Melia azedarach*). We give the scientific names to prevent mistakes, as all the indigenous productions of our *Materia Medica* have various names in different parts of the country. (And, by the way, there is great advantage in those hard names which have been so much ridiculed in some medical books for the people, with the design of exciting prejudice against the medical profession. It would be well if these terms could be made a little easier and shorter, but their use is absolutely necessary, to avoid misunderstandings and fatal errors; and those who would make the impression that such terms are useless are either fools or knaves; fools if they can not see the benefits arising from the use of terms which are definite and specific; knaves if, knowing these, they endeavor to inculcate the idea that the object in using them is to conceal and mystify.) We have found pink root to be the most reliable vermifuge, and it is perhaps, when properly given, the least dangerous of all the articles of its class. It is prepared thus: Take of pink root, half an ounce; boiling water, a pint. Let it stand in a covered vessel near the fire. Dose from one to two tablespoonfuls three times a day, before meals, for three or four

days, and then a dose of castor oil and spirits of turpentine. The oil of wormseed should be given in doses of eight or ten drops, three times a day, on sugar, continuing it for several days, and following by castor oil and turpentine as above. A very good way to give the Jerusalem oak seeds is to stew them with molasses. A dessert-spoonful of the seeds may be added to a teacupful of molasses, and from one to two teaspoonfuls of the mixture may be taken as directed for the oil. The oil of male fern is given in doses of from thirty to forty drops, in the manner prescribed for the oil of wormseed. The *China root* is thus prepared: Take four ounces of the fresh bark of the root and one quart of water; boil down to a pint. Give a table-spoonful every night and morning, and follow with castor oil and turpentine, or some other moderately active purge.

"*Calomel* is one of the most certain vermifuges, and it has the advantage of tastelessness and smallness of dose; but we can not recommend a frequent use of it in domestic practice."

---

*Ingrowing Toe-nail—Treatment by Perchlorure de Fer.*—"Surgical operations," some one has said, "are the reproach of surgery." And although this epigrammatic saying, literally interpreted, would do great injustice to a noble art, yet it would be well for humanity if it were possible in some instances to change the reproach which attaches, or should attach among the initiated, to bad science, to a popular stigma upon the surgeon. This, however, is rarely the case, for it is next to impossible for the public rightly to appreciate all the considerations which must enter into the question of justifiableness, or the contrary, of any given surgical operation. Not that we would, for a moment, cast a reflection upon the honorable, high-minded, judicious surgeon, who conscientiously feels the great responsibility which he assumes in undertaking a capital operation. It is a responsibility which often raises the operator to the rank of a hero, albeit but a small number can properly estimate his claim to such a distinction. All honor to those, and they are not few, who have been and are willing, in desperate cases, to take on themselves the heavy charge of imperiling the life of the patient for the uncertain chance of removing what threatens it more distantly, or makes its present burden heavy. Nevertheless, few will deny that every discovery which substitutes a comparatively mild and painless remedy for a painful, even if not positively dangerous, surgical operation, confers a great blessing on mankind.

Thoughts like these have come into our minds from time to time, in connection with the seemingly small, but exquisitely painful operation of extraction of an ingrowing toe-nail. We know it is regarded as one of the most trifling of operations, but under the circumstances for which it is performed, it certainly is to most patients a very formidable one. We have been glad, therefore, to see, within a few years, various methods of treatment recommended, by which the painful alternative of evulsion may, as we have reason to believe, be successfully avoided. In a recent number of the *Gazette des Hôpitaux*, M. Wahu, Principal Physician of the Military Hospital at Nice, reports the suc-



cessful treatment of this affection, in his own person, without an operation. He prefaces his account by some reflections on the nature of the operation by extraction. It has always been his theory, he says, and a theory based on personal experience, often repeated, of very severe pain, that every man has within himself the power of endurance to meet any amount of physical suffering which may fall to his lot. Satisfied of his own ability to justify this theory on many trying occasions, he yet confesses that it was not without horror that he contemplated the possibility of the necessity of a resort to this operation as the only cure for an *ongle incarné* from which he had suffered for a long time. He therefore tried many expedients, hoping to avert the dreaded operation. At last, after an ineffectual trial of alum, and Vienna paste, M. Wahu says :

“ Finally, one day, provoked at being so disabled by a trifle, which, in spite of all my force of will, prevented my walking, I examined again, for the twentieth time, the seat of the disease, and was struck with the idea that if I could dry up or even *tan* the diseased surface, so that the ulcer might be converted into a firm surface, capable of resisting the cutting action of the edge of the nail, I might obtain a complete cicatrization, and consequently a cure. Running over in my mind the most energetic tanning substances, I decided on employing the *perchlorure de fer*. I obtained some in a powdered form, and insinuated it as deeply as possible between the free edge of the nail and the ulcer. I felt almost immediately a moderate sensation of pain, accompanied by a feeling of constriction and a strong burning sensation. A quarter of an hour after, I attempted to walk, and, to my great satisfaction, I found I could bear my weight on my foot throughout its entire length, without the least pain ; a thing which I had not done before for many months. The following day, I carefully examined the diseased parts, and found them mummified and as hard as wood. I applied a fresh quantity of perchlorure de fer, which I allowed to remain a quarter of an hour, but I have reason to believe this application was useless, as the mummification was complete by the first process. I continued to walk without the least thought of my *ongle incarné*, and about three weeks after was able, by means of a pediluvium, to remove the hardened layer of skin, under which I found a tissue of new formation which perfectly resisted the pressure of the edge of the nail. Shortly after the whole had returned to its normal condition, and since more than two years have passed without a return of the disorder.”

It may be thought we have taken up a great deal of space for a mere trifle. An ingrowing nail is certainly not so formidable an object to contemplate as many that come under the eye of the surgeon, but it certainly is no trifle. An old nursery rhyme, “ For want of a nail the shoe was lost, for want of a shoe the horse was lost,” &c., aptly illustrates its importance. This small affection, as it seems, is considered good ground for rejecting a recruit who offers for the army ; and certainly in active service its occurrence might be as fatal to the unfortunate possessor as the loss of its iron representative in the doggerel above quoted was to the owner of the horse. If it can be cured

so easily, without an operation, it at once becomes an unimportant malady, and need not exclude many an otherwise able-bodied man from the service of his country; and should it occur while in service, the detention of several weeks in hospital, after the operation of evulsion, is avoided. There is another consideration of no trifling importance, urged by M. Wahu, namely, that as no one now-a-days would think of doing the operation without using anæsthetics, the danger of employing these agents is averted. In Europe, where chloroform is almost the only anæsthetic used, this is by no means an unimportant consideration, and M. Wahu refers to a fatal case of its employment on the occasion of this very operation. A second case, which occurred in our immediate vicinity, must be fresh in the memory of many of our readers.

We would add, in conclusion, that we see no reason why the solution of the perchloride, in which condition this salt is best known here, may not be as effectual a remedy as the salt in a solid form.—*Boston Med. Jour.*

---

*Physical Training.*—Among the Parliamentary papers recently issued, says the *Medical Times and Gazette*, are two small volumes containing some information collected by Mr. Edwin Chadwick, during the recent educational inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of listlessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy, must have obtained a proportionately superior habit of mental activity. It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong, robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright, voluntary attention on the part of the children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.—*Med. and Surg. Rep.*

---

*Surgical Instruments in the Industrial Exhibition of 1862.*—The Committee on Surgical Instruments announce that "they are prepared to receive and consider applications for space, and otherwise co-operate with and facilitate the views of intended exhibitors. The action of the Committee extends not merely to the advantageous exhibition of the ordinary trade productions comprehended under the head 'Surgical Instruments,' but also of apparatus, appliances, and inventions of every description having relation to the science of medicine, or employed in the investigation and treatment of disease. The Committee trust that in the interest of the branch of industry they represent, the medical journals will be good enough to give as extended a publicity to their intentions as possible."—*Med. and Surg. Rep.*

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

## PRACTICAL MEDICINE.

1. *How to Prevent Vomiting after Inhalation of Chloroform.*—According to Dr. R. Fischer (*Wiener Allgem. Med. Zeitung*), a glass of wine, taken fifteen or thirty minutes before chloroform, is sufficient for this purpose. In confirming this statement, Dr. L. Elsberg adds that after the administration of the wine the effect of the anæsthetic is produced more quickly, and by a smaller quantity than is required without the precaution.—*American Medical Monthly*.

2. *Antidotes for the Poison-Oak.*—D. H. Overton, of Fulton, Callaway Co., Mo., writes that the leaves of night-shade, stewed in fresh butter until a slightly green ointment is obtained, form a certain remedy for the eruption caused by the poison-oak. Rubbing the affected parts with the flesh-side of a pickled pork-skin, or washing them with the brine from a pork-barrel, is also said to give speedy relief, and effect a cure in a short time.—*Amer. Druggist's Circular*.

3. *Creosote against Irritability of the Stomach.*—Dr. E. T. Blackwell, of Stephensburg, N. Y., has during ten years found very small doses of creosote (the 60th or 120th part of a drop) an almost infallible remedy against irritability of the stomach, if not dependent upon organic disease, or affection of some neighboring organ. He prescribes one drop of creosote in one fluid ounce of lime-water; five drops of this every ten minutes; failing with this, one drop every three minutes. Appropriate coöperative measures (small pieces of ice swallowed, or teaspoonful doses of ice-water, rubefacients to the epigastrium, and a positive prohibition of accumulative quantity of drink) are essential to complete success.

For the stomach irritation of pregnant women, the same physician gives the following remedy: Lactate of iron, or citrate of iron and strychnine, and sulphate of quinine, of each twelve grains, divided into twelve powders, one of which is taken every four hours.—*Med. and Surg. Reporter*.

4. *Arseniate of Soda in Scrofula* is highly recommended by Bouchut (*Bullet. Thérap.*) in doses of one-twelfth to one-third of a grain as a maximum per day, an emulsion of gum, claret, or syrup of bark of gum, being used as vehicles.—*Amer. Druggist's Circular*.

5. *Euphorbia Prostrata against the Poison of the Rattlesnake.*—Dr. B. J. D. Irwin, Assistant-Surgeon U. S. Army, states that this plant, called "Gollindrinera" (swallowwort) in Mexico, is there in general use against the effects of poisonous wounds inflicted by snakes, scorpions, centipedes, spiders, etc. Experiments on dogs have confirmed the value of this antidote. The plant grows throughout the south-



western part of the United States and Mexico, flowering from April to November. The medicinal properties reside in the milky juice of the root, stem and leaves. Usually the fresh juice is employed, extracted from a plant by bruising it in an iron mortar. It is diluted with a considerable quantity of water. In the hands of the Mexicans and Indians it never fails to produce a sure and speedy cure, without any injurious effect to the patient, and seems to have many advantages over Bibron's antidote.—*Amer. Jour. of Med. Sciences.*

6. *Perchloride of Iron in Hydrophobia.*—Dr. Rodet, of Lyons, France, recommends the solution of the perchloride of iron as a specific for the virus of hydrophobia, if applied within two hours from the infliction of the bite. It destroys the virus, as he has determined from actual experiment.—*Med. and Surg. Reporter.*

7. *Belladonna in Epilepsy.*—In the course of some lectures on diseases of the nervous system, Dr. Gonzalez Echeverria, of Paris, pronounced belladonna one of the surest remedies for epilepsy. It is prescribed in doses of a quarter or eighth of a grain twice a day, and may be continued in increasing quantities for a long period. It may also be accompanied with cold douches to the spine, a strict diet, exercise in the open air, and, if required, cauterization, or a seton to the back of the neck.—*Med. and Surg. Reporter.*

8. *Arsenious Acid in Apoplectic Congestions.*—Dr. Lamare-Picquot, hospital physician at Flondleur, having perceived that during the premonitory symptoms of congestive apoplexy, the globules in the blood of the patient greatly exceed the serum in quantity, suggests the solution of arsenious acid as the proper medicine to permanently relieve this preponderance. When the system only shows slight general symptoms of cerebral congestion, a few milligrammes of the solution, taken at meal times, are sufficient to arrest it. A month is generally enough to obtain some results; but to restore the normal condition it is necessary to continue the use of the remedy longer. In more grave cases, the dose may without danger be increased: the author carried it in his own person to fifteen milligrammes a day, and continued it for many months. The arseniate of soda is perhaps preferable to the arsenious acid. Neither of them can be employed in the apoplectic congestions of subjects very advanced in life and very feeble.—*Bull. de Thérap. ; Boston Med. and Surg. Journ.*

9. *Oxygen an Antidote for Ether and Chloroform.*—In addition to the late recommendation of oxygen, as a powerful reviving agent in chloroform, asphyxia, asthma and other conditions, by a physician on the Pacific side of this continent, we have to record experiments leading to the same conclusion by Dr. Ozanam in France (*Comptes Rendus ; Amer. Druggist's Circular*). In all the experiments the animals awoke in half the time after inhaling oxygen than they did with simple atmospheric air, no matter whether ether or chloroform had been used. Several animals were placed under the influence of chloroform until the beating of the heart was imperceptible and death

imminent; but on inhaling oxygen they quickly awoke. The vapor of ether and pure oxygen being inhaled at the same time, it took twelve minutes before the animal slept, and then it awoke in a minute and a half, without the continuation of the oxygen. When the latter and chloroform were breathed together, the animal became drowsy after eight minutes, but did not sleep, and recovered perfectly in a few seconds after the inhalations were stopped. Mr. Ozanam believes that, so long as respiration has not entirely ceased, the revivifying effects of oxygen will be produced, and recommends that the surgeon should always have at his command a supply of oxygen, to reanimate his patient in case of accident.

10. *Oil of Valerian in Typhus.*—During an epidemic typhus at Toulon, in 1856, characterized by stupor, somnolence, coma and great debility, the usual remedies proved of no great benefit, and Mr. Barrallier therefore had recourse to the essential oil of valerian. Administering it first to persons in good health, he found that it produced the following symptoms: diminution of the arterial pulsations at first, with subsequent elevation in the greater number of cases; increased heat of skin; marked perspiration with the smell of valerian; feeling of oppression in the temporal region; cephalalgia, most commonly frontal, sometimes very intense; diminution of muscular force, inaptitude for intellectual exertion; inclination to sleep; deep sleep, nausea and salivation in certain cases; dislike to food when the medicine was given in the dose of thirty or fifty centigrammes; abundant flow of urine, more highly colored than usual, with a smell of valerian. In typhus, the remedy was employed not only against the somnolence and coma occurring in the second or third week, but also at the very commencement of the disease, in order to moderate the nervous irritation. At the more advanced periods it appears to rouse the patients from their lethargic condition. Besides this, there appear as other effects: eyes widely open, intelligence more clear, correct answers to questions, increase of the arterial pulsations, with subsequent depression; diminution in the quantity of urine, and slight perspiration.—*Amer. Druggist's Circular, from Bull. Gén. de Thérap.*

11. *Treatment of Eczema.*—Prof. Hebra observes, in one of his clinical lectures, that eczema can always be cured. The treatment should be purely local, internal measures being limited to the rare cases in which the eruption has been produced by a previously diseased condition of the system, or when it is combined with some other affection. In the great bulk of cases, internal means, such as mercury, antimony, iodine, purgatives, sarsaparilla etc., are superfluous and mischievous. Arsenic is the only one of such means which exerts any influence in obstinate cases; ordinarily, however, it is of no use and its employment should be limited to the few cases which manifest especial obstinacy; the local treatment in these not to be at the same time neglected.

Cold water, in its various modes of application, is of great importance, combined with other means. It aggravates eczema simplex, when arising from excess in secretion, as in the axilla or between the buttocks. Starch, either alone or mixed with oxyde of zinc (three

ounces of the latter to one drachm of the former) is an excellent application when the eczema arises from the friction of two cutaneous surfaces, or from excessive secretion. Oxyde of zinc (one drachm to one ounce of lard), sulphate or acetate of zinc, alum (one drachm to one pound of water), red or white precipitate (from six to twelve grains with two drachms of lard), are of good service in acute eczema, or in chronic, when there is but slight infiltration and the disease prevails only over a limited extent. When there is considerable infiltration in chronic eczema, *schmierseife* (an account of which has been given in the July number of this journal, page 451) becomes the most preferable remedy. It is to be rubbed over once or twice a day, or more frequently, according to the degree of infiltration existing. If excoriations have been produced by its use, the surface should be washed and cold applications laid on until the next rubbing. This procedure must be continued as long as the moisture, itching and infiltration continue, and until the frictions no longer give rise to heat and excoriations of the skin. The soap is then replaced by cold applications and the treatment terminated by the employment of tar.

In many chronic cases, with great infiltration, the soap does not suffice, and we must have recourse to one drachm of caustic potash dissolved in two drachms of water. A pencil of charpie is dipped in this and well rubbed into the diseased parts for some minutes. These are then washed, and cold applications constantly employed. One or two such cauterizations usually suffice, and when more are necessary, they should not be repeated oftener than once a week. It is a very painful procedure.

Tar is in its way just as useful a remedy as the soap, the time for its application being when the moisture and itching have ceased, and exfoliation has commenced, i. e., when eczema squamosum is present. It may be used either alone or mixed with equal parts of cod-liver oil, and should be applied by means of a brush once or twice a day, carefully avoiding washing the parts or allowing water to come into contact with them. As long as any redness or desquamation continues, the tar must be repeated. Sometimes, when the application of the tar has been premature, moisture and itching are observed at certain spots. Then the preliminary treatment has to be resorted to again. Some individuals cannot bear the tar at all, it giving rise to severe inflammatory action. In such cases, an ointment of acetate of lead or oxyde of zinc should be substituted.

Cod-liver oil alone is a valuable external application, and sufficient to cure eczema when this has not lasted very long and the infiltration is not considerable. The employment of the oil alone renders the treatment very tedious, and is objectionable on account of the disagreeable smell and befouling the linen; but it is an excellent adjuvatory to *schmierseife* and cold applications, as flannels soaked in the oil may be kept bound over the diseased parts during the night. Taken internally, the oil does not exert the slightest influence on eczema.—*Wiener Spitalszeitung*; *Amer. Med. Monthly*.



## SURGICAL.

12. *Excision of the Tendons in Amputation of the Fore-arm.*—This is recommended in a communication to the Surgical Society of Ireland, by Mr. Hugh Croskery, as a means to encourage the now dreaded flap-amputations at the lower third of the fore-arm. Two flaps are made after the process of Vermeil, the palmar by transfixion, the dorsal by cutting in a semicircular course from the tegumentary surface, the flap being then dissected back. After the limb has been separated in the usual way, and the arteries have been tied, the soft parts are drawn well back by an assistant, when the tendons will protrude. Each tendon is then grasped with the rasped blades of a spring-forceps, drawn out and cut off on a level with the flap. The flaps, which should be two inches in length, of equal size, and with broad angles, are then brought together with sutures and adhesive straps, and a roller is carefully and evenly applied with the view to the obliteration of the cavities left by the retraction of the tendons. The bandage should be brought up as far as the edges of the flaps, but the face of the stump left uncovered by it and dressed with wetted lint. The flaps will adapt themselves accurately together, and furnish all that is requisite for immediate union. The stump will be healed completely within three weeks, and the bones will be protected by a firm cellulo-integumentary cushion.—*Dublin Med. Press.*

13. *Alcoholic Treatment of Wounds.*—Acting upon the suggestion of Messrs. Bataille and Guillet, as expressed in a pamphlet lately published in Paris, Mr. A. Pritchard, of Bristol, has used the compound tincture of aloes, differently diluted, as an external application to ulcerated legs, superficial burns, contused, incised and lacerated wounds and an ulcerated stump. He found it to be an excellent application in recent wounds, however deep, checking the suppurative process in a marked degree, destroying the fetor, and favoring union by the first intention. It is not suitable for inflamed wounds, nor where there is an erysipelatous state of the skin, nor for simple cutaneous wounds, where careful apposition alone will suffice to procure immediate union.—*British Med. Journ.*

14. *Operation for Convergent Strabismus.*—In order to restore confidence in this operation and render its performance more general, Prof. E. S. Cooper lays down two rules :

1. The extent of the division of tissue should never be based simply upon what is commonly required.

2. The surgeon should not hurry through the operation, but divide the parts to a limited extent first, then stop, absterge the wound carefully, and observe the change, if any, produced. Thus the operation should be continued throughout, the surgeon stopping, from time to time, to see how nearly the eye becomes straight.

This plan renders the operation tedious, but safe, and if properly pursued, it is nearly always successful. In a majority of cases, the operation must be repeated once, often twice, and occasionally three or four times. Not the slightest inflammatory action of a troublesome

character supervened in over seven hundred cases thus operated, and there is almost entire absence of pain and inconvenience to the patient.—*San Francisco Med. Press.*

15. *Spina Bifida and Iodine Injections.*—Prof. D. Brainard, of Rush Medical College, reports a case of spina bifida at the sacrum, in a girl three years old, completely cured by one injection of an iodized solution (iodine, two grains and a half; iodide of potassa, seven grains and a half; water, half oz.,) and subsequent compression. It is the seventh case treated by him in the same manner, and he never observed any dangerous symptoms from the injections. All the cases (three) unaccompanied by hydrocephalus, were perfectly and permanently cured, one with thirteen injections, one with two, and the last with one. In the last two, means were taken to prevent the passage of the solution into the spinal canal. The application of collodion appears to favor ulceration and rupture, unless the walls of the tumor are thick and firm. Too many injections may also be injurious. A certain thickening of the walls indicates that their further use is unnecessary.—*Amer. Journ. of Med. Sciences.*

16. *Bandages of Gutta Percha and Iron.*—Dr. Pasquier, of Roubaix, has exhibited to the French Academy leaves of gutta-percha mixed with peroxide of iron, which he has long employed in the dressing of fractures and complicated wounds. The leaves soften in boiling water, and may be then readily applied around the limb. After amputation, Dr. Pasquier uses nothing but this gutta-percha—neither charpie, compresses, nor bandage.—*London Pharm. Jour.*; *Druggist*, ii. 2.

17. *Chancre and its Treatment.*—From several lectures delivered at the Baltimore Infirmary, by Prof. Wm. A. Hammond, we condense the following statements in regard to the nature and treatment of chancre.

There are two species of venereal poison: one giving rise to a simply, non-infecting, soft chancre; the other causing an indurated one, liable to be followed by constitutional syphilis. There are also two kinds of virulent gonorrhœa, corresponding to the kind of venereal poison which comes into contact with the mucous surface of the urinary passages. The two poisons are by no means convertible into each other, but are essentially distinct, each kind of chancre inoculating with its own specific poison, and causing a sore of the same character as the parent chancre.

The soft chancre has never an indurated base, perpendicular edges, a rough, dirty-gray surface; discharges pus generally of a healthy character; enlarges to the size of a dime, then cicatrizes and heals in about four weeks. It is a local disease, never infecting the general system; the secretion from it may be inoculated, as long as the process of reparation has not advanced far. But this chancre is pre-eminently liable to complications: inflammation from irritating substances improperly applied (corrosive acids, nitrate of silver, sulphate of copper, etc.), or from individual causes, such as debility, dram-drinking,

or the inordinate use of mercury, or from accumulation of the discharge behind the prepuce, or mechanical irritation, friction against the clothing, or during coition. Ulceration may occur, even without increased inflammatory action. Phagedena is due to constitutional causes, intemperate habits, excessive sexual indulgence, bad food and air, but above all, to the influence of mercury. The bubo occasionally accompanying soft chancre is either a simple symptomatic adenitis, and non-virulent, or caused by the absorption of pus, then always of a specific character, suppurating, and furnishing an inoculable secretion.

It is always desirable to destroy the specificity of the chancre at an early stage. Of all the caustics recommended for that purpose, none is so manageable, and at the same time so effective, as the paste of sulphuric acid and charcoal recently recommended by Ricord. Take strong sulphuric acid and mix finely powdered charcoal with it, so as to obtain a paste, which is carefully applied over and around the chancre. In three or four days it falls off, with the slough it has produced, leaving underneath a healthy sore. The pain caused by the application may be mitigated by opium. Where the paste can not be employed, as in the urethra or rectum, nitric acid should be used, and a dossil of lint, thoroughly soaked in olive oil, be inserted afterward. A soft chancre in the process of healing requires astringent or slightly stimulating applications, one of the best of which is a weak solution of tannin in water. Sulphate of zinc, acetate of lead, nitrate of silver, may also be employed, in weak solution, keeping the sore constantly moist with them. A constitutional treatment is rarely required. The bowels should be kept open, and indigestible food avoided, but no other special precautions are necessary. Wine, coffee, beefsteaks, cigars, etc., ought not to be forbidden to patients in the habit of using them. The most perfect cleanliness is desirable.

Where inflammation is present, emollient applications, such as mucilage of flax-seed, warm water, poultices, etc., are to be used. One of the best and most elegant articles is a cataplasm of chamomile flowers, changed frequently. Perfect rest in bed, a mild purgative, and a grain of opium every four or five hours, complete the treatment. The tincture of the chloride of iron, in doses of from thirty to forty drops four or five times a day, is often of decided benefit, especially when there is a tendency to gangrene. The abstraction of blood is hardly ever required, while stimulants are generally of good service.

When phymosis or paraphymosis result from the inflammatory engorgement, warm applications and a soothing treatment do all that is necessary. Should, with phymosis, gangrene threaten, run a director under the prepuce and slit it open with the probe-pointed bistoury, till the constriction is removed. In paraphymosis, if mild attempts at reduction fail, and mortification threaten, the stricture should be divided by running a straight, sharp-pointed bistoury under it, and cutting outward.

For excessive ulceration, the sulphuric acid paste is generally the best application, with a grain of opium night and morning internally. If the sore produced by the escharotic shows a tendency to spread, strap it with adhesive plaster, and give a chalybeate with opium.



The serpiginous ulcer is difficult to cure. Fowler's solution internally, and arsenious acid with sugar sprinkled over the sore daily, frequently cause a very favorable change. Iodine, however, gives more satisfaction. Give Lugol's solution internally, with some preparation of iron, or with cod-liver oil, and apply the tincture to the ulcer and neighboring parts every day. With this treatment the most obstinate serpiginous ulcers rarely fail to improve and heal.

Against phagedenic chancre, the sulphuric acid paste is the best remedy, with good diet, plenty of fresh air, and some preparation of iron. The potassio-tartrate seems to be almost a specific. Dissolve one ounce of it in ten ounces of water, and give of this half an ounce three times per day, keeping at the same time the diseased part constantly moistened by it. Some cases, not early attended to, resist all treatment.

Bubo from simple adenitis advances slowly, is not painful, and soft. Should it break, or is opened, the pus is discharged without inoculating the edges of the wound. The virulent bubo is of rapid growth, suppurates early, and is accompanied with considerable pain; the integument covering the abscess, if not punctured, sloughs, leaving a true chancre, with inoculable pus. This chancre in the groin is more liable to phagedena than the original sore. The simple form is to be treated with discutient lotions, containing sub-acetate of lead or chloride of ammonia. These may be conjoined with pressure by means of a graduated compress, held in its place by a proper bandage, or by collodion painted over. The tincture of iodine, or the ointment, are also valuable applications; still better is a solution of iodide of potassium, twenty grains, and iodine forty grains, in one ounce of glycerine; or the iodide of lead ointment may be used. If dissolution is not effected by these means, an early incision should be made, or rather several small setons be passed through the back of the swelling, followed by pressure. Pyæmia may result from too large an incision; a tedious recovery certainly does.

In the virulent bubo, suppuration must be hastened by chamomile cataplasms, or other poultices, and as soon as possible the abscess should be laid open by a long incision. The remaining ulcer is treated with the escharotic paste, etc., in the same manner as the original chancre.

The indurated, infecting, or true syphilitic chancre appears but once in a lifetime on the same individual, and the secretion from it can not be successfully inoculated in the body of the patient. When this form has commenced to heal, it, like the first, loses its virulent characteristics entirely. An indurated bubo is an almost constant companion, but may in some cases be prevented by a timely administration of mercury. Secondary symptoms may ensue without the presence of a bubo. A characteristic sign of this kind of bubo is the enlargement of all the lymphatic glands around the infected one.

The principal indication of the treatment is to prevent infection, the cure of the local trouble being comparatively a small matter. If seen in the first stages, say within the first six days from the appearance of the pustule, the indurated chancre should be destroyed by the sulphuric

acid paste. After cauterization, the most simple applications are all that is necessary. The aromatic wine acts very well; a weak solution of tannin is equally efficacious. Should the chancre be healing, or have ceased to progress, cauterization is useless and improper. In such cases, commence the local treatment with the solution of tannin. Nothing else is required locally. The efficacy of internal remedies in accelerating the cure of indurated chancre is doubtful, although they may be necessary for the purpose of preventing infection or destroying the morbid matter circulating in the blood. Indurated chancres heal just as soon without mercury as with it. Under the influence of this agent the induration disappears sooner than if no mercury is given, but the ulcer is just as long in healing.—*Amer. Med. Times.*

---

#### SOME NEW FORMULÆ.

18. *Remoussin's Anti-Syphilitic Gargle.*—Three grains of bichloride of mercury in ten ounces of a decoction of solanum nigrum and cicuta.—*Amer. Druggist's Circular.*

19. *Ricord's Capsules of Copaiba and Tar.*—R. Balsam of copaiba, 2,200 grammes; Norway (wood) tar, 200 grammes; calcined magnesia, 150 grammes. Divide into 4,000 gelatine capsules. Dose fifteen capsules daily.—*Ibid.*

20. *Ricord's Capsules of Copaiba.*—R. Balsam of copaiba, 2,700 grammes; neutral pepsin, 600 grammes; subnitrate of bismuth, 120 grammes; calcined magnesia, 180 grammes. Mix. To make 6,000 gelatine capsules. Dose, from fifteen to eighteen capsules per diem.—*Ibid.*

21. *Oleum Morrhuæ Ferratum.*—Fifteen parts protosulphate of iron are precipitated by fourteen parts carbonate of soda, the precipitate expressed, and, after the addition of a little water, digested for two and a half hours in a water-bath, with 250 parts cod-liver oil. The deep brown mixture readily becomes clear in a bottle, and soon thickens on exposure to the air. The oil is said to contain about one per cent. of iron.—*Archiv der Pharm.; Amer. Jour. Pharm.*

22. *Pomade for Pimples. Pomata Contra Varos.*—Washed sulphur, tannin, concentrated bitter almond water, of each five parts; oil of thyme, oil of bergamot, of each one part; lard, sixty parts.—*Phar. Centralhalle; Amer. Jour. Pharm.*

23. *Recipe for Diarrhœa and Cholera.*—Laudanum, spirits of camphor, essence of peppermint, Hoffman's anodyne, of each two ounces; tincture of cayenne pepper, two drachms; tincture of ginger, one ounce. Dose, from one-half to a teaspoonful every half hour, in a tablespoonful of brandy. Said to have been used with great success by the troops during the Mexican war.—*Med. and Surg. Reporter.*

24. *Blistering Paper.*—Melt together one drachm of cantharides, one drachm of white wax, and five drachms of olive oil. With a brush paint it over some white bibulous paper, and hang up to dry in a current of air. Take a piece of pink paper of the form and size

required, paint the under side of it over with a weak solution of India-rubber, cut the cantharidine paper the form and size, less a margin of the pink paper, and while the India-rubber solution is still sticky, place it on, and when dry roll it up. It is unaffected by damp, and blisters with certainty. Before applying, the blister should be held over the steam of hot water.—*Amer. Druggist's Circular*.

25. *Elixir of the Valerianate of Ammonia*.—As a substitute for Pierlot's rather disagreeable solution of valerianate of ammonia, Mr. Tr. H. K. Enos has devised the following:—R. Valerianic acid, one fluid drachm; carbonate of ammonia, q. s. to neutralize the acid; alcohol, simple syrup, of each one fluid ounce; extract of orange bark, two fluid drachms; water of orange flowers, half a fluid ounce; distilled water, q. s. to make four fluid ounces. Dilute the acid with about four fluid drachms of water, neutralize with the ammonia, add the alcohol holding the aromatic extract in solution, then the syrup, and orange-flower water, and finally filter.—*Jour. and Trans. Maryland College of Pharmacy*.

26. *Soubiran's Lotion of Veratria*.—Veratria, fifteen grains; diluted hydrochloric acid, q. s. to dissolve them; glycerine, five drachms. Dissolve and mix.—*Druggist's Cir.*

27. *Camphorated Soap-Tincture*.—To obtain a preparation which holds fluid at all temperatures, L. H. Titcomb employs this formula: R. Castile soap, four ounces; camphor, two ounces; oil of rosemary, half an ounce; water, sixteen ounces; alcohol of 95 per cent., twenty ounces.—*Ibid.*

28. *Glycerole of Oil of Mustard*.—Mr. Grimault mixes thirteen drachms of pure glycerine, twenty drachms of starch, and eighty drops of the volatile oil of mustard. This affords a sinapism always ready for use.—*Jour. de Chim. Med.; Amer. Jour. Pharm.*

#### MATERIA MEDICA.

29. *Kerosolene, a new Anæsthetic*.—This substance is obtained in the manufacture of kerosene oil, by the destructive distillation of coal, but was considered useless, until an Irishman, sent in to clean out a still, became totally insensible from the vapor inhaled. Experiments were now made on mice and flies. Dr. H. J. Bowditch first called the attention of the Boston Society for Medical Improvement to the article, and Dr. H. J. Bigelow soon reported (*Boston Med. and Surg. Journal*) the not conclusive result of experiments on himself and others. Dr. E. Cutter, of Woburn, Mass., in a communication read before the Middlesex Eastern District Medical Society, states that he inhaled the kerosolene several times, using each time about four ounces; that the first impression is sudden, powerful and pleasant; that soon a state of pleasurable insensibility follows, which, however, is rarely perfect; at least there would be responses to the pricks of pins, and the muscles were not quiet, although afterward he had no recollection of any such thing. No unpleasant effects followed, except a slight headache. Dr. Ingalls succeeded in one out of two cases of neuralgia,



where he applied the agent to pledgets of cotton-wool moistened with it. Kerosolene seems, therefore, to be a fit article for further experiments. It appears to have several advantages over ether.—*Med. Times.*

30. *Yellow Jessamine (Gelsemium Sempervirens.)*—A saturated tincture of this plant, prepared by macerating four ounces of the root in a pint of diluted alcohol, has been used for the last four years by Dr. J. N. Freeman, of Morris, Ill., in acute gonorrhœa, gleet, spermatorrhœa and leucorrhœa, with decided benefit. The dose is from twenty to twenty-five drops four times a day, and may be combined with any of the ordinary remedies. In all the fevers incident to this climate, Dr. Freeman considers this tincture invaluable. He gives it in bilious fevers, ten or twenty drops every one or two hours, combining it with quinine and cimicifuga during the intermission. This plan is also said to be successful in intermittent, remittent, and with the addition of aromatic sulphuric acid, in typhoid fever. A severe case of sciatica yielded to the tinctures of gelsemium and cimicifuga, in equal parts, half-drachm doses once in three hours. The tincture has further been found useful in dysentery, convulsions, hysteria, dysmenorrhœa, and whenever it is desirable to relax the muscular system, without producing nausea, or to overcome irregular nervous action.—*Med. and Surg. Rep.*

31. *Cantharidin and its Preparations.*—*Oleum Cantharidum Viride*, as obtained by treating cantharides with ether, consists of cantharidin, green oil and waxy resin. The first, by the separation of the two latter substances, becomes pure cantharidin. This operation, however, is tedious, expensive, and attended with a considerable loss of active matter. For the purpose of blistering, therefore, the *oleum cantharidum viride*, or *æther cantharidalis s. vesicans*, is preferable. It is obtained very easily and in the greatest abundance by digesting for three days one part of powdered cantharides with two parts of sulphuric ether; it may also be prepared by employing Real's press, or by displacement, or by Mohr's apparatus. Applied twice, by means of a hair pencil, it produces, in children after one or two hours, and if applied three times in adults in three or four hours, abundant blisters. This oil may serve as the sub-stratum for all preparations containing cantharidin.

1. *Tela Cericea, Linteum s. Taffeta Vesicans, Charta Vesicans s. Cantharidalis.*—Taffetas (marceline) stretched on a frame, or paper on a board, is to be painted over twice, at proper intervals, with an aqueous solution of isinglass. When perfectly dry, the following *liquor cantharidalis* is to be spread over it:  $\mathcal{R}$  *Æth. cantharidalis*, *æth. sulphur*,  $\text{āā}$  *unciam unam*; *terebinth. coct.*, *colophon*,  $\text{āā}$  *drachmas duas*. *Misce et solve.* A painter's brush moderately moistened with the solution, and softly pressed against the brim of the vessel, is passed at short intervals, and always in the same direction, twice over the stretched material, in twenty-four hours once more, and again after twenty-four hours, for the fourth time. In order to prevent the agglutination of the preparation, it is coated, after a few days, with a fresh solution of isinglass that has already commenced to congeal. Before

applying the plaster, it should be wiped with a wet rag, so as to remove the last applied coating of isinglass.

2. *Unguentum Cantharidale s. Vesicans.*—If prepared with equal parts of *æther cantharidalis* and fat, it operates equally intensely, but quicker and more sure than the officinal preparation of the Prussian Pharmacopœia (made with two ounces of powdered cantharides, eight ounces of olive oil, and after eight hours' digestion and expression, four ounces of white wax.) Half a scruple of the æther and the same quantity of hog's lard are sufficient for a threefold application upon a surface as large as a crown-piece.

3. *Collodium Vesicans s. Cantharidale*, composed of *æther cantharidalis* and gun-cotton in substance or solution (collodium), is a very remarkable vesicant. The ether rapidly evaporating, the cantharidin is left behind, operating as a blister, while the collodium dries within a few moments and forms a coating.—*The Druggist*.

32. *Anacahuite Wood.*—About a year ago, the Prussian Consul at Tampico, Mexico, called the attention of his government to this wood, saying that it was extensively employed in tubercular consumption, and with the most beneficial results. Experiments since instituted in the Charité Hospital at Berlin, have not yet led to a satisfactory result, but are continued. Dr. Krog, of New York, formerly of Berlin, has published a statement, according to which a strong decoction has been found to produce complete resorption of the tubercles in the first stage of consumption, and to afford great relief to those further advanced. From six drachms to one ounce of the wood is boiled with twelve or fourteen ounces of water down to five ounces, and this is taken from two to four times daily, according to circumstances, combined with other remedies. It is requisite to continue the use of this remedy for several months, and to observe a diet in accordance with the nature of the disease.—*Amer. Jour. of Pharm.*

33. *Effects of Asclepias Syriaca.*—This plant has long been in use among the negroes of the South as a remedy for gleet, gonorrhœa, scrofula etc., and is a common ingredient in many of the Indian cough nostrums of the present day. Empirics have extensively employed the root and other portions of the plant with more or less success. The most usual mode of administration is in powder or infusion, the latter made with water and whisky. Old cases of gleet of many years' standing are reported to have been cured, after other remedies had failed, by taking a wine glass full of the infusion of the fresh root three times daily before meals. Dr. C. J. Cleborne, Assistant Surgeon U.S.N., resolved to test the effects of the plant upon the system in health. The infusion of the dried root, taken in the usual doses, had no effect beyond a slight sensation of nausea and an increased flow of pale-colored urine, of lighter specific gravity than usual. Larger doses produced, in addition, vomiting and ardor urinæ. An infusion of the fresh root, made of the same strength, has the same effects in a more marked degree. The juice of the fresh herb evaporated to the consistence of an extract, produces in doses of five grs. excessive nausea, tickling sensation in the fauces and violent head-

ache. A watery infusion of the flowers, evaporated to the same consistence, exhibits but little of the properties peculiar to the rest of the plant. The fluid extract of the root appears to be the most preferable preparation. Half a drachm of it can be taken four or five times a day. Made from the fresh root, this extract is nearly one-third stronger than if prepared from the dried root. By evaporating it to the proper consistence, a hard extract is obtained possessing the same virtues, in doses of from three to five grains, gradually increased. The anodyne and diaphoretic effects ascribed to the plant by Dr. Richardson (U. S. Dispensatory) did not manifest themselves in the experiments of Dr. Cleborne; but he found it to be a nauseating stimulant, tonic, alterative, diuretic, purgative, emetic and anthelmintic, and administered it with success in several cases of chronic constipation of the bowels, primary syphilis, dyspepsia and ascarides. A strict ryebread and buttermilk diet is enjoined during the exhibition of the remedy which seems to possess valuable medical properties well worth the attention of the profession.—*Amer. Journ. of Med. Sciences.*

34. *Sulphate of Iron, Quinine and Magnesia.*—Dr. Fergus proposes a combination of these three sulphates in the following proportions: Sulphate of magnesia, 80 per cent.; iron, 15 per cent.; quinine, 5 per cent.

The resulting compound is stated to be better fitted for general use than the combination of iron and quinine alone, being nearly as soluble as the sulphate of magnesia alone, quite unalterable in the solid state, and forming a perfectly clear solution. The proportion of quinine may be increased by prescribing an additional quantity, which is readily soluble in the solution of the salt. In this combination, the properties of both iron and quinine are said to be remarkably developed, the effect of both, particularly of quinine, being heightened in a very marked manner. At the same time, both these remedies are less apt to disagree with peculiar constitutions which ordinarily refuse to tolerate either iron or quinine. There will be very few cases, where either iron or quinine are indicated, in which the new combination will not be suitable.—*Med. Times and Gazette.*

35. *Therapeutical Effects of Bromide of Potassium.*—Dr. Pfeiffer, of Paris, confirms the opinions of other physicians as to the sedative effects of this agent over the generative organs. He found that the salt possesses a decided power of modifying abnormal erections and diminishing the frequency of seminal discharges. It seems to exercise a special influence over the muscular part of the genito-urinary apparatus, and at the same time to modify the secreting functions of these organs. The bromide has also been administered with success in neuralgia of the neck of the bladder. Dr. Pfeiffer commences with half a centigramme every day, increasing gradually up to two grammes.—*Amer. Druggist's Circular.*

36. *Oil of Turpentine as an Anæsthetic.*—This is recommended by Dr. Z. Williamhurst, as a substitute for chloroform. Having no chloroform on hand, he tried the vapor of turpentine (applying the oil, sprinkled on a handkerchief, to the nostrils), in a case of violent



neuralgia in the course of the supra-orbital nerve. The application not only soothed and allayed the pain, but produced, after a few inhalations, a gentle anæsthesia, from which the patient awoke without any headache or other unpleasant symptom, and quite free from pain. It has since been tried in some slight operations, and in cases of cramps, convulsions, nephralgia calculosa, etc. The effect seems to be the alleviation of nervous irritation, spasm and pain, without derangement in the action of the heart, and a calm anæsthetic sleep.—*London Lancet.*

37. *Phosphate of Strychnia*.—This salt, first recommended by Dr. F. E. Wilkinson, of London, is, according to him, to be employed under the form of *liquor strychniæ phosphatis*, to obtain which, two grains of strychnine are dissolved in one ounce of phosphoric acid Pharm. Lond. The liquor is prescribed in cases of prolonged dyspepsia, neuralgia and other conditions of the nervous system requiring tone. Dose: five minims, three or four times daily, either alone or combined with other appropriate remedies.—*Amer. Druggist's Circ.*

38. *Glycerole of Chlorate of Potash*.—Two and a half drachms of the chlorate, in powder, dissolved in three ounces of glycerine, have been experimented with at Bicêtre, under the direction of Martinet, and found to possess, in that combination, remarkable disinfecting properties. Besides these, the mixture gives the pus, even when of a serous kind, a greater consistence, often like cream, and may by that action tend to prevent the occurrence of purulent or putrid infection. The preparation is not adapted for wounds or sores of a bright red color, nor for those that are recent or of healthy appearance.—*Edinb. Med. Journ.; from Bull. Gén. de Thérap.*

39. *Therapeutical Uses of Digitalis*.—In an able paper, published in the *Gazette Hebdomadaire*, Dr. Germain maintains the following points:

Digitalis retards the frequency of the contractions of the heart.

One of its mediate effects in cases of contractions of the orifices of the heart is to augment them. There is consequently no danger in giving it in cases where the energy of the heart seems diminished.

The frequency of the contractions of the heart, in cases of obstruction of its orifices, prevents the organ from returning to a functionally normal standard and keeps up the disturbance of the circulation. In diminishing the frequency of the contraction, digitalis ameliorates these cases.

The reputed diuretic properties of digitalis can not be proved. In organic affections of the heart, in which the use of this remedy produces an amelioration in the circulation, the abundant diuresis which often follows is caused by the return of the circulation to a normal state.

Digitalis has a powerful action upon the stomach; in small doses it stimulates the appetite, but in doses sufficient to act upon the heart, it produces anorexia, even nausea, and may become the cause of a dangerous dyspepsia.

It is properly employed in affections of the heart, with contraction in one of its orifices; but we should be careful in administering this

agent in other affections accompanied by palpitations, as well as in cases of dropsy not caused by affections of the heart.—*Med. and Surg. Reporter.*

#### OBSTETRICAL.

40. *Large Doses of Opium in Puerperal Peritonitis.*—In a case reported to the Medical Association of Southern Central New York, Dr. G. P. Cady kept the patient thoroughly narcotized for four days, administering thirty-four grains of opium during the first twenty-four hours, (at first four grains every two hours, then two grains every hour, as often repeated as necessary,) and after that from twenty to twenty-five grains per day. On the fifth day, the pulse began to fall, and came down to 85 on the sixth. From that time, the patient took four grains each of quinia and opium for several days, when her appetite returned and both were omitted. In some other cases, Dr. Cady had given even larger quantities of opium.—*Amer. Med. Times.*

41. *Puerperal Convulsions.*—Dr. T. J. Thomas, in one of his lectures on the complications of labor, delivered in the University Medical College, New York, thinks the term puerperal convulsions should convey the idea of eclampsic seizures, of epileptiform character. Poisoning of the blood, usually uræmia, is, in the vast majority of cases, the great cause of the seizures. As a rare exception to this rule, centric or eccentric irritations may act as causes. The avenues by which death may approach, are apoplexy, asphyxia, serous effusion, coma, exhaustion and paralysis of the heart. Consequently, the primary indications of treatment may be enumerated as follows:

1. Check the convulsive action at once and thus prevent death by asphyxia, the cerebral conditions resulting from congestion, and failure of the heart to perform its function.

2. Diminish vascular turgescence, and excessive action, and thus remove the great liability to apoplexy and coma.

3. Evacuate the uterus, if possible, because experience has proved that, in the majority of cases, the seizures will then cease, and because we thus remove pressure from the kidneys.

4. Eliminate or neutralize the poison accumulated in the blood.

Anæsthesia by chloroform, resorted to early and fearlessly, is by far the best means to control the convulsions, but its influence must be kept up steadily and unintermittingly, even for twenty-four or forty-eight hours, if necessary, and in such manner as to effect the object in view, if it can be effected by this means. When anæsthesia fails to control the convulsions, blood-letting should be taken into consideration. It may be necessary, but its indiscriminate employment is very injurious. In regard to the third indication, labor, if actually commenced, should be encouraged and hastened, so soon as the convulsions are at all controlled. Should the woman not be at term, an attempt must be made to manage the case without the induction of labor; but the latter should be accomplished when other means fail to prevent the return of the seizures. For this purpose, pass a sponge-tent into the os uteri, use the warm douche freely against this and the encircling fibres of the

os, and employ the colpeurynter or a bladder placed in the vagina and filled with water. Should the os be dilated, stimulate the fibres of the uterus by placing a gum-elastic catheter between the membranes and the uterine body, or deliver by version or the forceps. The kidneys being crippled in their functions, it is finally advisable to act freely on the mucous membrane of the alimentary canal by active cathartics—salines, if the patient can swallow, otherwise croton oil. The skin should be made to act by the hot-air or vapor bath. In addition, dilute citric or benzoic acid should be freely given, with the hope of forming in the blood citrate or benzoate of ammonia. The former may be given in the form of lemonade.

As cases complicated with œdema are much more favorable than those without it, some benefit may be derived from the artificial production of œdema, by ligatures applied around the arms and legs tight enough to interfere with venous return, but not to obstruct arterial flow. Sometimes, in the convulsions occurring after delivery, opium, in full dose, is highly useful, but its use requires great caution.

Ordinarily, perfect quiet, silence and absence of light are more important adjuvants than many of the remedial measures commonly advised.—*Amer. Med. Monthly.*

## Obitunal Record.

DIED, at the residence of his father-in-law, in Spring Valley, Ohio, August 30th, 1861. ANSELM B. BUTLER, M.D., in the forty-first year of his age. Dr. Butler was born near Petersburg, Virginia, and belonged to the Society of Friends. As a physician and surgeon, Dr. B. enjoyed a fine reputation, having performed successfully many important operations in surgery, among which may be mentioned tracheotomy and various amputations. He also enjoyed the advantages of a liberal education; attended his first course of lectures in the Medical College of Ohio, after which he located in an interior town in that State, where he practiced medicine for a number of years; then attended a second course of lectures in the Jefferson Medical College, when he graduated. Returning to his original location, he resumed business for a short time there, after which he removed to Richmond, Ind., where he continued the practice of his profession, until declining health bade him relinquish it, some five or six months before his death.

Dr. Butler was not an impulsive man, but there was a quiet worth and unostentatious integrity, both in his professional life and social career, that all recognized and admired who were brought into close relationship with him. And such were the sterling and enduring traits of his character, that those who were merely pleased with him upon introduction, learned to love and honor him as intercourse continued and acquaintance ripened. His death seems to have been occasioned by a combination of diseases; and although in the early part of his attack he was threatened with serious lung disease, yet the more prominent symptoms in his case pointed to the stomach as the seat of the disease. The Dr. leaves a wife and two children, beside many relatives and friends, to mourn his untimely death. s.

MR. QUEKETT, the eminent microscopist, died in Berkshire, England, on the 20th of August. He had attained an eminent position by his researches in natural science, and was best known in this country by his Practical Treatise on the Use of the Microscope. He was Professor of Histology in the Royal College of Surgeons, England, and Curator of the Hunterian Museum.



THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

Vol. IV.

NOVEMBER, 1861.

No. 11.

Original Communications.

ARTICLE I.

Experiments upon Inferior Animals to determine in what Manner Chloroform produces Death.

[A Paper read before the Ohio State Medical Society, June 8, 1861.]

BY H. CULBERTSON, M.D., ZANESVILLE, OHIO.

I appear before you to-day for the first time as an Essayist. In so doing we should be treating you with great disrespect, did we not apologize for the imperfection of the present effort; as we would also do the subject great injustice, did we not ask for it your earnest consideration.

In a profession like ours, where the preservation of *human life* is the great object, the smallest scintillation of *medical truth* should be received, and its value most carefully determined.

Thinking that possibly we might discover something by investigation of the action of chloroform upon the lower animals, which would lessen the number of deaths from this agent when exhibited to man, and hoping to show more clearly how this anæsthetic produces death, in December, 1857, these experiments were commenced, and finished but a few weeks since. We are fully aware that others of just celebrity have experimented with a view to determine the effects of this agent upon the inferior animals, but these experiments, let their value be little or much, are not based upon the opinions or acts of others. They have been made to determine for ourself the effects of this powerful agent, without any preconceived ideas or opinions. Allow me, therefore, respectfully to ask your attention to my subject, viz.:

“*In what manner does Chloroform produce death?*”

To determine this, experiments on dogs and pigs were performed, and the effects carefully noted.

EXPERIMENT 1.—Took a dog about one year old, kept him on spare food twenty-four hours, and then gave him chloroform by lungs until he died.

*Symptoms.*—Ptyalism, resistance, excitement, stupor, followed by excitement, tremors, slight spasms of the muscles of the right thigh; again great excitement, stertorous breathing, puffing of cheeks, dilated pupils and apparent coma. Pulse accelerated, becoming less and less full, until thready, and as death approached it ceased at the wrist. Perspiration became more frequent and less and less deep until breathing ceased, as well as the action of the heart.

*Post Mortem.*—Immediately after death, on opening the chest, the lungs were found collapsed, and somewhat engorged with blood, yet they floated on water. The heart was distended on both sides, mostly on the right, with dark fluid blood. The vessels of the membranes of the brain were distended with blood, but the substance of this organ showed only a few red points. Some fluid was seen in the lateral ventricles. The membranes of the spine were injected, but its substance was unaffected. The trachea and mouth contained a frothy mucus. The abdominal organs were turgid with blood. This case was examined, as were most of those which will be presented, immediately after death, in order to determine the exact condition at the moment of death, as this might be much modified by capillary action after somatic death, and thus the lungs and heart be found more distended with blood than at the time of death. The symptoms developed in this case are typical of those shown in the following, and if they are any different in the future requirements, the variation will be noticed.

*Remarks.*—The brain in this case seemed not to lack blood, or any other organ in the body. The substance of the brain does not seem to be unduly supplied with blood, sufficient being present to promote nervous action, and consequent motion of the heart and lungs, if that fluid were of a healthy character.

EXPERIMENT 2.—A small, thin dog, two years old, was chloroformed by the lungs. During inhalation much the same symptoms presented as in the last case. The brain, lungs and heart symptoms the same. Death ensued in fifteen minutes after the first inhalation. The body exhaled chloroform. The body and limbs were relaxed, the ears erect and the pupils dilated.

*Post Mortem.*—Immediately after death, on opening the chest the

lungs collapsed, but on artificial inflation they presented a natural appearance. The heart was much distended on the right side, some on the left, with dark fluid blood. The veins of the stomach, bowels and spleen were engorged. The brain presented the same appearance as in Case 1, excepting that there was a little more serum around the organ and in the ventricles in Case 1.

*Remarks.*—This case is similar in every respect to the first, except that the lungs were not so much engorged, and also in the fact that there was a little less serum in the ventricles of the brain in Experiment 2.

EXPERIMENT 3. — A pig, four weeks old, was chloroformed until dead. A proper supply of air was admitted during the exhibition of the anæsthetic. The pulsations of the heart became more frequent, the respirations more rapid, and less and less deep, then slower, (and the heart's action also,) and stronger. At  $12\frac{1}{2}$  minutes the respiration ceased, but the heart's action continued. The chloroform was now removed, fresh air allowed, and the abdominal walls pressed up and back, and the pressure quickly removed. This process was repeated several times, when respiration began, slow at first, aided by the abdominal pressure, then rapid, then more deep and slow, and at nineteen minutes the animal raised its head and opened its eyes. The chloroform was again administered, after which respiration gradually ceased, and two minutes afterward the heart its motion. Muscular spasms of the extremities were observed, and also the symptoms mentioned in the two preceding cases.

*Post Mortem.*—Immediately after death, while opening the chest, spasms of the pectoral and intercostal muscles were observed. The lungs were collapsed and uncongested. On dividing the internal jugular after having exposed the heart, the blood flowed from the right auricle and ventricle, and the walls of the former began to contract, and continued to act thus about one minute. None of the other walls of the organ contracted. The heart was distended mostly on the right side with dark fluid blood. The surface and membrane of the brain were engorged with blood as well as the blood vessels of the abdominal organs, the latter to a greater extent than those of the other cavities of the body.

*Remarks.*—That the abdomen should contain more blood than the other cavities, and this to an unnatural amount, would seem to point to failure of the heart as the cause of death—or in other words, that death here is a form of syncope. But this conclusion must not be too hastily drawn, as the succeeding cases will dictate. The lungs had



ceased to act before the heart. This would seem to indicate paralysis of the lungs as the cause of death. But this point needs careful consideration. If the lung-structure were only locally paralyzed, and the motor-nervous influence continued to be sent down through the spinal accessory, the phrenic and intercostal nerves, and the heart continued to act, the blood should flow on to the lungs, and they be found distended with blood. But such is not the true state of affairs, for the heart too seems to be paralyzed and always distended, as though it labored to expel its contents, mostly fluid uncoagulated blood. The nervous influence sent down from the medulla oblongata seems wanting. This may be caused either from the lack of healthy blood, its natural stimulant, in the lungs, or the absolute presence of chloroform in the circulation at the heart, or in the medulla, at its motiferous centre. Which it is, or if it be both, it is our object to determine. The action of the right auricle after death, and its commencement immediately after division of the jugular, and the want of motion in the heart-walls, would seem to indicate the irritability of the walls of the right auricle last affected and last overcome. And also that by the distension of its walls its power to contract was temporarily removed, but that when the blood was allowed to flow out, the obstacle was removed, and contraction was the result from the stimulus of the external air. This leads to the conclusion that local irritability of this portion of the heart was not annihilated, and therefore if the right ventricle or the left heart are not at fault, would point to some other region of the body as the source of death. It is well known that the heart is mainly supplied with nervous agency from the sympathetic, and that it receives several filaments from the pneumogastric; consequently this organ will be mainly influenced by the chloroform entering the circulation and impressing it locally. The lungs too are locally chloroformed, but motor agency is sent down from the medulla by the stimulus of the blood in it, until it too is chloroformed, when the pulmonary organs cease to act.

This case presents for consideration another fact, viz., that restoration may take place, by removal of the chloroform, and the admission of pure air, aided by abdominal pressure, before the heart has become quiescent, and after the lungs have ceased to act. Whether this is a common result will be seen as we progress. Another point is clearly shown, that the lungs became quiescent two minutes before the heart.

EXPERIMENT 4.—A pig, five months old, was given chloroform by lungs, without admitting much air, and in half a minute respiration ceased. We omitted to notice if the heart still acted, but feel con-

vinced that it did. Waiting one minute to allow respiration to recommence, and finding that it did not, we pressed upon the abdomen as in the last case, and shortly respiration began. We then cut down over the heart in an intercostal space to the pleura costalis, when through this membrane its motion could be distinctly seen. Subsequently we cut down over each lung to the same membrane, but, unfortunately, penetrated both pleural cavities. The right lung collapsed, because the opening was so large. The animal resuscitating, the left lung could be seen playing up against the walls of the chest. The chloroform was now given again for about four minutes, respiration ceasing twice, but beginning again after the anæsthetic was removed. The third time the agent was exhibited, respiration ceased, the heart continuing to act persistently until one and a half minutes after the lungs became quiet.

*Post Mortem.*—Immediately after death, the lungs were collapsed and uncongested. The heart was distended on the right side with dark fluid blood. The walls of the right ventricle contracted after division. The large veins of the heart as usual distended. The other cavities of the body not inspected.

*Remarks.*—This case is interesting because of the rapid cessation of respiration, in half a minute, and calls to mind those instances where death has occurred in the human subject, after a few inspirations, ere the agent could have traversed the rounds of the circulation, and reached the brain. It is probable in this case that the chloroform reached the lungs, and that when it was removed, and the stimulus of the external air allowed, the motor-influence still continuing to be sent down from the nervous centres, they began to act, and continued to do so until the nervous centres were locally palsied by the agent. It is plain, too, in this case, that although the animal died by the agent, that the irritability of the heart (right ventricle) was not entirely lost, for when the walls of that cavity were incised, the muscular structure began to contract imperfectly; but nothing of this nature was observed in any other part of this organ. This would seem to point to other organs as the seat of the defect, and not to local anæsthesia of the right heart, although this organ must be measurably benumbed by the presence of the agent in its cavities. But if the chloroform enters the blood, then in the natural course of the circulation from the lungs to the left side of the heart, the left side should be the most impressed with the chloroform, and therefore more dilated than the right heart. Yet this does not seem to be the case. Clots in the left side are *not uncommon*, and there is but very little dilatation, yet

the blood is about as dark as in the right cavities of this organ ; and, moreover, we have never observed any muscular motion of the walls of the left side, consequently the systemic heart may be most at fault, and thus lead to the death of the subject. But this does not conform with the fact that in these experiments we have never known the heart to cease acting before the lungs, it always being the last organ in the body to cease its motion. And therefore if it continue to perform its duty when the lungs have failed, it can not be the organ most at fault.

It must be remembered that the right side of the heart is always much dilated from the effects of chloroform, which is common from obstructed lung-circulation from other causes. This presents another argument against heart-fault, and points rather to the lungs as the seat of the defect. But if the lungs are at fault, how comes it that they continued to act after both pleural cavities had been opened ? How under such circumstances could they overcome the atmospheric pressure, and the animal resuscitate twice when the chloroform was removed, if the cessation of respiration was the sole cause of death ? And again, if respiration was alone defective, why is it after the heart has become quiet that the *lung-action* can not be restored by artificial respiration ? The answer to these queries would seem to be because some other organ than these is in some manner concerned in the death.

EXPERIMENT 5.—A fat pig was chloroformed, and in half a minute was insensible. In order to determine if the lungs were expanded before the chest was opened, we cut down to the pleura, but, unfortunately, through the right membrane. Respiration immediately became more rapid. Soon, however, the breathing grew less quick, and the animal became more conscious. On cutting down to the left pleura, and accomplishing it without penetration of the left thoracic cavity, the lung was seen fully expanded. In a few seconds, however, the animal was seen to be dead, probably because too much chloroform had been given where there was but one lung to support life.

*Post Mortem.*—Fifteen hours after death the right lung was collapsed, the left still expanded ; but when the left side of the thorax was opened, the lung sank down less than usual. The right lung was pale and gave no blood on incision, while the left was dark red, and considerable blood flowed on cutting it. The heart was largely distended on the right side, and but little on the left. On taking out the heart and lungs in such a manner as not to lose a teaspoonful of blood, and weighing them together and then each separately, the following was the result :



|                       |           |                                |          |
|-----------------------|-----------|--------------------------------|----------|
| Weight of Heart ..... | 1800 grs. | Weight of Heart to Lungs ..... | 3 to 5   |
| " " Left Lung .....   | 1320 grs. | " " " Left Lung ....           | 5 to 11  |
| " " Right Lung .....  | 1680 grs. | " " " Right Lung.              | 15 to 14 |
| " " Heart and Lungs.  | 4800 grs. | " " Right to Left Lung.        | 14 to 11 |

We notice in this case that when the right pleural cavity was opened, the same phenomenon occurred as in Case 4, viz., increase of consciousness. Can this be the result of more blood being thrown back upon the heart in a given time, producing greater energy in its contraction, by stimulus of distension, and therefore more blood cast upon the brain? or is the effect due to mere nervous impression from the cold air in the chest, acting here as does cold water when applied to the face to restore from the anæsthetic state? Which of these queries are correct, we can not state. It is doubtful, too, if the fact of the occurrence will prove of any practical value.

EXPERIMENT 6.—A pig, four months old, was chloroformed, and in half a minute was insensible. On cutting down to the right pleura without dividing the membrane, the lung could be seen inflated and playing beneath. The anæsthetic was again given until the lungs ceased to act. The heart continued to act one minute after respiration had ceased. As is usual, the respiration and motion of the heart became more and more rapid before death.

*Post Mortem.*—Lungs partially collapsed. Heart distended with dark fluid blood. Fifteen hours later the lungs were still more collapsed than at the time of death. The heart and lungs were then removed and weighed as in the previous case, and the following is the result:

|                       |           |                                |          |
|-----------------------|-----------|--------------------------------|----------|
| Weight of Heart ..... | 1110 grs. | Weight of Heart to Lungs ..... | 1 to 2   |
| " " Left Lung .....   | 930 grs.  | " " " Left Lung ..             | 19 to 16 |
| " " Right Lung .....  | 1260 grs. | " " " Right Lung.              | 19 to 21 |
| " " Lungs and Heart.  | 3300 grs. | " " Right to Left Lung.        | 21 to 16 |

Both lungs float on water, the left the highest. On incision and pressure, more blood flowed from the left than the right lung, but still very little from either; which may be accounted for, from the walls of the right ventricle having been incised soon after death, permitting the blood to flow from the heart and large blood vessels, and thus preventing the accumulation of blood in the lungs.

I should here state that the animals experimented upon in Case 5 and 6, both weighed the same amount.

This experiment closely resembles the previous one in the time necessary to induce anæsthesia, and the period when the post mortem was made, viz.: fifteen hours after death. But the great difference in the two cases is, that in the last the right ventricle was opened imme-

diately after death, which was not done in Experiment 5 until fifteen hours after the cessation of life. It is, therefore, plain that the heart and lungs should weigh most in Case 5, which we find to be the fact. Thus the weight of the heart in Case 5 is 1800 grs., and in Case 6 it is 1110 grs., a difference of 690 grs., lost by incision of the right ventricle in Case 6. Again, this difference may be further shown by comparing the weight of the lungs. Thus in Case 5, the weight of the left lung is 1320 grs., and in Case 6, 930 grs., a difference of 390 grs. The right lung in Case 5 weighed 1680 grs., and in Case 6 1260 grs., a diversity of 420 grs. Thus considered, the whole difference in the weight of these organs is 1520 grs. Is this from the incision of the heart, or is it because the capillary action was cut off in Case 6, thus preventing the flow of blood into the lungs?

To determine this, notice, if you please, that 690 grs. are lost from the heart in Case 6, 390 grs. from the left, and 420 grs. from the right lung, consequently most of the blood is lost from the heart. It seems clear, however, that the amount of the blood in the lungs in either of these cases could not have produced death; for on comparing the weight of the body in both cases (about 10 lbs.) with the lungs, the latter will be found comparatively light. It would rather seem that the blood is unequally distributed between the heart and lungs, the heart containing the largest relative quantity.

EXPERIMENT 7.—A puppy, six weeks old, weighing 2 lbs. 9½ oz. Troy, was chloroformed as usual. It continued to breathe after the anæsthetic had been administered five minutes, when the agent was removed. In four minutes more the animal resuscitated and barked. The chloroform was again given, and in five minutes respiration ceased, and in two and a half minutes later, sixteen and a half minutes from the commencement of the experiment, the heart was quiescent.

*Post Mortem.*—Immediately after death, on looking through the pleura costalis, both lungs could be seen inflated. On opening the pleural cavities, both lungs collapsed, and they were pale in color, crepitated but little, and no blood flowed from them on incision. The heart was most distended on the right side.

|                               |             |                               |          |
|-------------------------------|-------------|-------------------------------|----------|
| Weight of Body.....           | 15,980 grs. | Weight of Right Lung .....    | 150 grs. |
| " " Heart .....               | 210 grs.    | " " Left Lung.....            | 120 grs. |
| Weight of Body to Heart.....  | 76 to 1     | Weight of Heart to Lungs..... | 7 to 9   |
| " " " Heart & Lungs 59 to 1   |             | " " " Left Lungs...           | 7 to 4   |
| " " " Right Lung.. 106 to 1   |             | " " " Right Lung..            | 7 to 5   |
| " " " Left Lung .... 133 to 1 |             | " " Right to Left Lung ...    | 5 to 4   |

This case may be compared to Case 5 with some propriety. Thus in Case 5 the lungs weigh more than in Case 7 by 960 grs. All

things considered, this shows a little congestion in the former case. This may be further shown by comparing the relative weight of the heart to the lungs in the two cases. Thus: In Case 7 the relative difference in the weight of heart and lungs is two-ninths. In Case 5 the difference is two-fifths, which is a relative difference of  $\frac{7}{5}$ ths greater weight in the heart and lungs of Case 5.

But as we do not know the weight of the body in Case 5, we can not compare this with Case 7 correctly. If the lungs in Case 7 contained relatively less blood, capillary action could not have had much influence on the quantity, else it would have been greater, at least proportionately equal, to the amount in the lungs of Case 5. This difference will be borne in mind in the consideration of the subsequent cases.

EXPERIMENT 8.—A puppy, six weeks old, which weighed 2 lbs. 9 $\frac{1}{2}$  oz., was chloroformed by the lungs. At two and a half minutes, respiration ceased, and one and a half minutes later the heart was quiescent. When respiration ended the chloroform was removed, and several very shallow inspirations were observed, after which death ensued.

*Post Mortem.*—Immediately after death, the lungs were inflated until the chest was opened, when they were seen to be collapsed, but not so much shrunken as in the previous case. Their color was pink red. On incising the right lung, frothy mucus very freely flowed, but little blood appearing, yet more than was observed in Case 7. By cutting the left lung, a little mucus appeared, and much dark blood. The heart and large pulmonary vessels were much distended. The blood seemed to be more equally divided between the heart and lungs than in the other cases. The brain was but little engorged.

|                      |             |                            |          |
|----------------------|-------------|----------------------------|----------|
| Weight of Body.....  | 15,980 grs. | Weight of Right Lung ..... | 360 grs. |
| “ “ Heart & Lungs..  | 960 grs.    | “ “ Left Lung .....        | 240 grs. |
| Weight of Heart..... | 360 grains. |                            |          |

|                                |         |                               |        |
|--------------------------------|---------|-------------------------------|--------|
| Wgt. of Body to Heart & Lungs, | 16 to 1 | Weight of Heart to Lungs..... | 3 to 5 |
| “ “ Left Lung.....             | 66 to 1 | “ “ “ Left Lung ..            | 3 to 2 |
| “ “ Right Lung....             | 44 to 1 | “ “ “ Right Lung..            | 1 to 1 |
| “ “ Heart.....                 | 44 to 1 | “ “ Right to Left Lung..      | 3 to 2 |

This case is interesting, as the weight of the body is the same as in Case 7, and also in the fact that, as the former required but four minutes and the latter sixteen and a half before the heart ceased its motion, we should expect to find the lungs more heavy in Case 7, because the heart longer continued to cast blood into these organs. Yet this would not seem to be the case, judging from the pale red appearance and collapsed state of the respiratory organs in Experiment



7. On the contrary, we find in Case 8 but four minutes necessary to destroy the animal, and the lungs more congested than those of Case 7. This difference will be made still plainer by reference to the respective weights of the heart and lungs in the two cases. Thus:

In Case 8, weight of heart is 360 grs. .... In Case 7, 210 grs.

In Case 8, weight of right lung is 360 grs. .... In Case 7, 150 grs.

In Case 8, weight of left lung is 240 grs. .... In Case 7, 120 grs.

A difference in the order of the table of 150—210—120 grs., in the weight of these organs.

This want of unity in the blood condition of the lungs in the two cases could not have arisen from the paralyzing effect of the anæsthetic, but must have been produced by acute congestion in Case 8. A further difference may be observed by noticing the relative proportion of the body to the heart and lungs in the two experiments. Thus viewed, these organs in Case 8 weigh 480 grs. more than those of Case 7. It thus seems plain from these two cases, that a profuse chloroforming in a short period of time may induce congestion of the lungs, and also that a limited exhibition of the agent may not, although it be continually given for a long time. The latter conclusion would dictate some other mode of death than congestion, while the former indicates a cessation of life by asphyxia. Thus far we may infer from the developments of these cases, that the presence or absence of blood in any quantity is not uniform in the respiratory organs, and therefore we may reasonably conclude that this anæsthetic has a direct effect, other than the impression of the circulation of the lungs. This may be paralysis of some other organ of the system.

EXPERIMENT 9.—A puppy, weighing 2 lbs. 6½ oz., was killed by pithing. About one drachm of blood was lost by the operation. The heart ceased to act one and a half minutes after the lungs.

*Post Mortem.*—Immediately after death, the lungs were expanded, until after the chest was opened, when they appeared pale, and also were slightly crepitant. Incision of their structure caused more blood to flow from the left than the right organ. The cavities of the heart were all full, but not distended.

|                                 |             |                            |          |
|---------------------------------|-------------|----------------------------|----------|
| Weight of Body .....            | 14,460 grs. | Weight of Right Lung ..... | 120 grs. |
| " " Heart .....                 | 270 grs.    | " " Left Lung .....        | 90 grs.  |
| Weight of Heart and Lungs ..... |             | 480 grs.                   |          |

|                                        |                                |        |
|----------------------------------------|--------------------------------|--------|
| Wgt. of Body to Heart & Lungs, 30 to 1 | Weight of Heart to Lungs ..... | 9 to 7 |
| " " Heart .....                        | " " Left Lung ....             | 3 to 1 |
| " " Right Lung... 120 to 1             | " " Right Lung..               | 9 to 4 |
| " " Left Lung.... 160 to 4             | " " Right to Left Lung....     | 4 to 3 |

The object of this case is to establish, as near as possible, a standard

of the natural circulation resembling that which exists during life ; so that the circulatory state of the heart and lungs produced by chloroforming, may be compared with the former, and thereby a truthful conclusion drawn as to the latter.

It will be noticed that respiration ceased before the heart's action, and that the lungs were pale, collapsed, and absolutely, but not relatively, lighter than in Case 7. Thus it is clear that there could have been but very little congestion of the lungs in this case, although some blood flowed from them on incision. This will be seen more plainly by reference to the figures. Thus, the weight of the body to the heart and lungs in Case 7 is as 59 to 1, and in Case 9 as 30 to 1, a relative difference of  $\frac{2}{3}$ th greater weight in the lungs and heart of Case 9. If this proportion be reduced to grains, it will be found that the heart and lungs in Case 9 are proportionally forty-six grains more heavy than those of Case 7. This does not indicate much congestion of the lungs in Case 9. Consequently congestion could not have been the cause of death in either of these cases. Keeping this in view, we again refer to Case 7. Here the palsy began locally at the afferent extremities of the excitator nerves of the lungs and heart, and the agent traveling by circulation, was finished upon the medulla locally ; while in Case 9 it began and ended at the medulla. The potency of the pithing in inducing *central palsy* accounts for the rapid death in Case 9, and the indirect circulatory connection between the heart and lungs, and medulla, for the long time necessary to produce death in Case 7.

This case may be compared to Case 8 with propriety. It will then be found that the heart and lungs, in proportion to the weight of body, are more heavy in Case 8 by 388 grs. ; consequently the lungs in Case 9 must be unusually light, or in Case 8 much congested. We learn by the subsequent experiments, that they are much congested in Case 8, and that in Case 9 they are nearly natural as to the amount of blood in them. It will be remembered that the lungs in Case 7 are lighter than those of any other in which the chloroform was administered by the lungs, and therefore this will be a safe experiment to draw conclusions from as to the effect of the agent upon the respiratory organs, where there is no congestion of the same.

Again to refer to Case 7 and 9, we may notice that the lungs are the heaviest in Case 7, and that the heart with its blood weighs more than in Case 9 by 60 grs., and in proportion to the weight of the body, a difference of 46 grs. greater weight in the heart of Case 9 is presented. The nervous influence sent down from the medulla to the

heart was cut off immediately in Case 9 by the pithing, consequently the heart ceased acting as soon as the ganglionic nervous agency failed to be supplied to the heart with sufficient power to cause it to contract. No one will doubt that if respiration was suspended and the heart's action continued unimpaired, after death the lungs would be found engorged with blood. But such is not the case here. The same agent impresses the heart as well as the lungs, either through the nervous or circulatory systems. Consequently, to correctly determine the effect of chloroform upon the circulation of the lungs, its influence upon the heart must be considered at the same time. On thus comparing cases 7 and 9, we find the lungs and heart in proportion to the weight of the body, in Case 9, 46 grs. more heavy. This is but a small difference, and leads to the inquiry, Can there be any similarity in the mode of death in the two cases; or in other words, as the pithing acts on the medulla, paralyzing it and all the parts with which it is connected, does not the chloroform act in the same manner upon this organ, after having passed through the circulation? Subsequent cases will shed more light on this point.

Cases 7 and 9 may be further viewed by comparing the weight of the heart to the lungs in the two. Thus:

Weight of heart to lungs in Case 9 is 9 to 7.

Weight of heart to lungs in Case 7 is 7 to 9.

The heart, as before stated, containing the most blood in one case and the lungs in the other. This circulatory reciprocity may be again noticed by associating Case 5 with 9. Thus in the former the weight of the heart is to the lungs as 3 to 5, and in the latter, the relation is as before stated, as 9 to 7, a difference of about two-elevenths for the cases.

EXPERIMENT 10.—Took a young fat dog, weighing 8 lbs. 11 oz., and trephined over the right side of the medulla oblongata. After opening the membrane, 3 ss. of chloroform was injected beneath them and upon the medulla. But little shock resulted from the entire operation. In two minutes, the animal was a little sleepy. At ten minutes, it having awakened, 3 ss. more was thrown in. This produced some drowsiness. At twenty-five minutes, thinking the syringe did not inject all the chloroform, we rearranged the instrument, and threw in 3 ss. of the agent. At twenty-seven minutes, respiration nearly ceased, there being occasionally a shallow, almost imperceptible breath. At thirty minutes, the lungs entirely ceased to act; the heart, however, continued its motion until forty-five minutes, just fifteen minutes longer. As insensibility increased, the respiration became



more and more affected, until when it ceased the animal was apparently comatose.

*Post Mortem.*—Immediately after death, the brain and its membranes were bright red on the right side, the color being deepest in the cortical structure. The left brain and membrane were pale. The ventricle contained but little serum, and the redness above mentioned was very faint in the region of the corpus callosum. The chloroform had nearly all disappeared from around the medulla. The lungs were expanded until the chest was opened, when they collapsed. On incising the left, blood flowed freely, and also mucus on pressure, but there was no crepitation. The right lung did not show so much blood on section as the left, yet more than is generally seen from chloroforming by the lungs, but still no greater than the quantity in Case 8. This lung did not crepitate, nor did it contain but very little mucus. Both of these organs were mottled and bright red in color. The heart was not distended.

|                                        |             |                               |          |
|----------------------------------------|-------------|-------------------------------|----------|
| Weight of Body .....                   | 54,360 grs. | Weight of Left Lung .....     | 420 grs. |
| " " Heart .....                        | 720 grs.    | " " Right Lung .....          | 450 grs. |
| Wgt. of Body to Heart & Lungs, 34 to 1 |             | Weight of Heart to Lungs..... | 9 to 11  |
| " " Left Lung ....                     | 129 to 1    | " " " Left Lung ..            | 12 to 7  |
| " " Right Lung... ..                   | 120 to 1    | " " " Right Lung,             | 8 to 5   |
| " " Heart .....                        | 74 to 1     | " " Right to Left Lung...     | 3 to 11  |

It will be noticed that the heart was not distended, but merely full, the blood having accumulated to a greater amount in the lungs. The object of this experiment was to determine if the chloroform by being applied locally to the medulla would produce anæsthesia of this organ, and thus induce death of the entire system; and also to observe if the effects of this agent so applied are similar to those resulting from chloroforming by the lungs. That the anæsthetic did not injuriously compress the medulla we are quite certain. This would seem to be proven by the fact that there was but little chloroform found around the medulla after death, some of it, therefore, must have passed down between the spinal cord and membrane, locally impressing this nervous centre. It is also probable that all of the chloroform introduced into the syringe was not injected.

If we compare this case to Case 8, it will be found that in proportion to the weight of the body, the heart and lungs in Case 8 are 495 grs. the heaviest. It will be remembered that Case 8 showed much congestion of the lungs. If, however, we contrast the weight of these organs to the body in this and Case 7, we find they are more heavy in Case 7 by 13 grs., which is but a small difference. Comparison of Cases 8 and 10 show that the local effect of the anæsthetic upon the

lungs produce more congestion of these organs and the heart, than does the same agent applied as in Case 10.

It also is an interesting fact that the absolute difference in the weight of the heart and lungs in Cases 10, 8, 7 and 5 is large, being in the order stated 150, 240, 60, 1200 grs. Thus considered, there would seem to be a similarity in Cases 8 and 10; but really there is no analogy between the two. The difference shown may be accounted for by the greater congestion in Case 8 being brought about by the local action of the chloroform on the lungs; while in Case 10 the lungs receive constantly pure air, and therefore they only suffer from the central palsy of the medulla.

The difference in the weight of the heart and lungs in Cases 8 and 5 is as 240 to 1200, a large diversity. But this is to be accounted for by the weight of the body being so much greater in Case 5. There was really but little congestion in the lungs of Case 5, and no doubt had we weighed the body in this case, it would have been found, in proportion to the weight of the lung, about the same as that of Case 7. It will be noticed that there is more resemblance in the absolute weight of the heart and lungs in Cases 7 and 10, than in 7 and 8. Now 7 and 10 are paralytic in character. The last is wholly centric palsy, and the former partially centric and also eccentric. Case 8 presents a different pathology, being congestive, and consequently a marked difference in the weight of the heart and lungs is noticed in it.

Again, the relative weight of the body to the heart and lungs in Cases 9 and 7 differ but 46 grs., the lungs being the heaviest in Case 9. Now Case 9 is certainly paralytic, and therefore if the lungs and heart are so near alike in weight in the two cases, we may infer that Case 7 is also paralytic.

EXPERIMENT 11.—To determine how chloroform will act when injected by one of the large veins into the heart.

A puppy, weighing 4 lbs.  $\frac{3}{4}$  oz. 3 ss., was taken, and a drachm of chloroform injected, without admitting any air, through the external jugular, into the heart. One minute elapsed before respiration ceased, and the heart acted feebly half a minute longer. At two minutes respiration began again, and the heart also to act. Four inspirations took place and no more, when the heart became quiescent one-fourth of a minute after the lungs ceased to act.

*Post Mortem.*—Immediately after death, the heart and large blood vessels were distended, all the cavities of the former containing coagulated blood. The endocardium was of a different color from that usually observed, viz., a bright pink red. Both lungs were highly

congested, affording both mucus and blood on section. Both lungs were expanded until the chest was opened, when both collapsed, but not so much as is usual.

|                                |             |                               |          |
|--------------------------------|-------------|-------------------------------|----------|
| Weight of Body.....            | 23,430 grs. | Weight of Right Lung.....     | 540 grs. |
| " " Heart.....                 | 780 grs.    | " " Left Lung.....            | 390 grs. |
| Wgt. of Body to Heart & Lungs, | 14 to 1     | Weight of Heart to Lungs..... | 10 to 13 |
| " " Heart.....                 | 30 to 1     | " " " Left Lung.              | 2 to 1   |
| " " Left Lung.....             | 60 to 1     | " " " Right Lung              | 26 to 17 |
| " " Right Lung....             | 46 to 1     | " " Right to Left Lung,       | 17 to 13 |

If we compare the relative weight of the body to the heart and lungs in this case with that of Case 8, in which latter there was considerable congestion of the lungs, we find a marked dissimilarity. Thus in Case 11, the relation is as 14 to 1, and in Case 8 it is as 16 to 1; the lungs and heart of the former weighing relative to the weight of the body 273 grs. the most; the congestion being positively and relatively the greatest in Case 11. As compared to Case 10, in which there was but little relative congestion of the respiratory organs, the difference in proportion to the weight of the body is 995 grs. more weight in the heart and lungs of Case 11; while in Case 7, where there was no congestion of the lungs, the difference is a little less, being 977 grs. greater weight in these organs in Case 11, a dissimilarity which does not seem to indicate a uniform mode of death. Now Case 10 was one of palsy of the medulla, and Case 11 of congestion of the lungs. Again, we have shown that Case 7 is paralytic in character, and the great proportional difference in the weight of the lungs and heart in this as compared to those of Case 11, would show the latter congestive in character.

If we compare the difference in the weights of the heart and lungs in Cases 11, 10, 8, 7 and 5, the comparison is still marked, though not so reliable. Thus in Case 11 it is 120; in 10, 150; in 8, 60; in 7, 240; in 5, 1200 grs. It will be easily seen from this calculation that as congestion increases in the chest from the effect of chloroform, the lungs and heart approach in weight; consequently the less the function of respiration is disturbed, the less is the action of the heart interfered with by chloroforming, and therefore the more desirable is the action of the anæsthetic. This also establishes the relation of reciprocity, already stated between the heart and lungs, and leads to the conclusion that they are a circulatory unit.

It is most probable that this is a case of death from obstruction of the heart by heart-clots, and consequent congestion of the lungs. Local palsy of the heart probably had not much influence, as this organ continued its action after the lungs had ceased. That the shock of the



chloroform entering the heart produced the insensibility would seem to be true, and also that this continued from the lack of blood sent to the brain; the heart acting inefficiently on the left side, but powerfully enough on the right to cast the blood into the lungs. The brain could not have been impressed locally, as respiration began after the lungs and heart were quiescent, no doubt from the stimulus of the external air upon the nervous radicles of the lungs. But the movements of these organs did not continue because the heart was obstructed. Local palsy of the lungs could not be the defect, for there was but one drachm of chloroform thrown into the heart, and the lungs could not have been much impressed, even by the positive presence of a portion of this quantity in them, as is shown by respiration commencing unaided.

EXPERIMENT 12.—The object of this experiment is to learn the effects of chloroform when given by the stomach, and to contrast these with the experiences in the other cases here cited.

A strong, thin dog, weighing 16 lbs. 9 oz.  $7\frac{1}{2}$  3, was the subject. At thirteen minutes after 10 A. M., we injected through a stomach tube 3 j. of chloroform into the stomach. In a few moments, muscular twitchings were observed. The effects of this dose beginning to pass off, at twelve minutes of the experiment, 3 j. more of the agent was injected. This produced sleepiness and renewed muscular twitchings. The animal growing wakeful again, at twenty-four minutes we gave as before two drachms more. This produced excitement and some somnolency. The effect of this passing off at fifty-two minutes two drachms more of chloroform were given. This soon ceased to have any effect, when at sixty-one minutes two drachms more were given. This dose produced rapid respiration and violent muscular contraction. The former grew more and more rapid and shallow, and the function nearly ceased. Then gradually the inspiration became deeper and deeper, until finally the dog opened its eyes. Thinking the case needed more of the anæsthetic, at seventy-one minutes 3 ss. was given. This not seeming to have any effect, at seventy-three minutes, fearing the animal would awake and become unmanageable, 3 ss. more was given. Soon respiration became rapid as before, and ceased at eighty-two minutes. At eighty-seven minutes, a few inspirations were observed, when respiration finally ceased. The heart became quiescent at ninety-two minutes. Insensibility was present from the time the last dose was given, and occasionally before. Thus it required one hour and thirty-two minutes in which to destroy this animal, and two ounces of chloroform.

*Post Mortem*—Two hours after death: the brain was congested most in the cortical portion. The sinuses were full of dark blood, but there was no effusion. The stomach was empty, excepting that it was distended with gas. The stomach and bowels were traversed with fine red vessels, but the general appearance of the lining membrane was pale. The color of the liver was dark red. The lungs were uncollapsed until the chest was opened. The right was dark, the left light red. The right on incision gave very little blood and mucus; the left blood and mucus freely, and crepitated more than the right. The heart and large blood vessels were greatly distended with dark fluid blood.

|                                 |             |                            |           |
|---------------------------------|-------------|----------------------------|-----------|
| Weight of Body .....            | 96,930 grs. | Weight of Right Lung ..... | 1230 grs. |
| " " Heart .....                 | 1800 grs.   | " " Left Lung .....        | 840 grs.  |
| Weight of Heart and Lungs ..... |             | 3945 grs.                  |           |

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| Wgt. of Body to Heart & Lungs, 24 to 1 | Weight of Heart to Lungs..... 10 to 17 |
| " " Heart..... 59 to 1                 | " " " Left Lung... 15 to 7             |
| " " Right Lung... 78 to 1              | " " " Right Lung.. 3 to 2              |
| " " Left Lung.... 14 to 1              | " " Right to Left Lung... 10 to 7      |

If we take the ratio of the weight of the body to the heart and lungs, in the several preceding cases, we find the following expression, thus: In Case 12 it is as 24 to 1; Case 11, as 14 to 1; Case 10, as 34 to 1; Case 9, as 30 to 1; Case 8, as 16 to 1; Case 7, as 59 to 1.

Then the difference between Case 12 and the others mentioned in the last table is as 24 to 14, to 34, to 30, to 16, to 59; a large diversity, which certainly indicates that death could not have occurred in the same manner in each case. If Case 7 is the usual manner in which death occurs from chloroform, then all the others mentioned can not be like it. Then if Case 7 be taken as the standard, the difference is as follows: In Case 12,  $\frac{3}{5}\frac{5}{9}$ th more heavy; Case 11,  $\frac{4}{5}\frac{5}{9}$ th; Case 10,  $\frac{2}{5}\frac{5}{9}$ th; Case 9,  $\frac{2}{5}\frac{2}{9}$ th; Case 8,  $\frac{4}{5}\frac{2}{9}$ th.

The ratio then stands 35, 45, 25, 29 and 43. It will thus be seen by these calculations that Cases 11 and 8 show most congestion of the heart and lungs, and Case 12 next in this respect. Now in Case 8, the anæsthetic was given by the lungs, in 11 it was thrown into the heart, and in 12 into the stomach, and if you remember, all showed much congestion of the heart and lungs. But Cases 9 and 10 do not present so much congestion of the heart and lungs as those last mentioned, and resemble more Case 7, in which the agent was inhaled. Case 9 was destroyed by pithing, and 10 by throwing the chloroform upon the medulla, the same organ being acted upon to induce death, and the result being similar, viz.: but very little congestion of the

lungs. The amount of blood in the heart in the last two mentioned cases was much less than in this organ in experiments 11, 8 and 12.

From these considerations we may draw the conclusion that more or less congestion of the lungs was induced in these six cases, and that as the agent was introduced into the lungs or heart direct, the amount of congestion increased as the time required to destroy the animal decreased. Thus in Case 7, the animal was chloroformed by lungs, and over sixteen minutes elapsed before death occurred, and no congestion of lungs was observed; while in Case 8, an animal of the same weight and chloroformed in the same manner, died in four minutes, presenting marked congestion of the lungs.

In Case 12 the blood must have contained much chloroform, but a long time was required ere it could pass into the circulation, and locally impress the medulla.

Again, to refer to Cases 8 and 7, it will be remembered that the difference in the relative weight of the body to the heart and lungs in the two cases is  $\frac{2}{3}$ th greater weight of the latter organ in Case 8. This is a marked diversity, and must lead to the conclusion that chloroform applied by inhalation may affect the lungs in two ways, viz., by congestion and by paralysis. This may be further shown by simple inspection of the lungs in Cases 1, 2, 3 and 4. In the 1st, they were congested in some parts; and in the 2d, 3d and 4th, there was no congestion. In every one of these cases, however, the lungs were more or less collapsed, the blood being concentrated into less space, thus showing a want of energy in the heart. Each case, too, developed an expanded lung until the chest was opened.

Case 9 illustrates both of these facts. The collapse of lungs after the chest is opened is not peculiar to these cases, but probably will take place to a greater or less extent after any form of death. But how can the same agent at one time produce congestion and again paralysis? This we can not answer satisfactorily. It may be that it is produced from the chloroforming being performed more gradually in the case of paralysis, it acting as an irritant when profusely given, cutting off the external air, and congestion resulting as it would from exclusion of air from the lungs by any other cause. Physical peculiarities may aid this to a great extent, but of this we know but little in the inferior animals. But although we can offer no other explanation which will harmonize these two dissimilar conditions, yet the facts are before us to prove the reality, and by these should we be governed.

In what manner is the brain influenced by this anæsthetic?

It will be noticed that in all these experiments insensibility gener-



erally resulted within two and often in less time than half a minute ; in fact, as soon as the agent could traverse the circulation, and locally chloroform the sensorium. That chloroform may produce an overwhelming and prostrating influence through the medium of the nervous system, we have no doubt ; but that this is transient and quite different from the peculiar sedative action which it produces on the sensory ganglia we can have no doubt. The agent must enter the blood to produce its proper effect. This is shown in Case 12, where several times the animal was unconscious for a few seconds. The true effect, however, of the agent did not ensue for a long time, because the anæsthetic passed so slowly through the stomach into the circulation, and thus so tardily reached the sensory ganglia. That the chloroform enters the circulation is proven by its emanating from all parts of the body, and by the dark fluid state of the blood observed after its exhibition. It would seem, too, that such a subtile agent would be likely to enter at the lungs.

I do not propose to waste your time by considering the experiments of others which positively determine by chemical analysis the presence of this anæsthetic in the blood.

Thus far, these experiments have been instituted to determine in what manner chloroform produces death. The subsequent cases are designed to discover to what extent chloroforming may be carried and the animal be restored, and also to ascertain if there is any resuscitating agent.

EXPERIMENT 13.—A dog, three years old, was chloroformed by the lungs until the heart ceased to beat. Artificial respiration was then performed by pressing up the diaphragm through the medium of the abdominal walls, and alternating this with compression of the sides of the chest. This was continued about three-quarters of an hour, but the heart did not react, and the animal was not restored.

EXPERIMENT 14.—To determine the same point by the aid of artificial respiration and galvanism.

A strong dog, one year old, was chloroformed as usual, until the heart ceased to beat. One pole of the battery was placed over the medulla oblongata, and the other over the apex of the heart, and opposite the diaphragm. Artificial respiration was carried on at the same time. Although muscular contractions resulted, the heart did not react, and the animal was not restored.

EXPERIMENT 15.—To determine the above point by inflation of the lungs with air from a pair of bellows, the trachea being divided and the nozzle of the instrument introduced and securely tied. Expiration was promoted by pressing down the valve of the bellows.

A pig, five months old, was chloroformed as usual until the heart ceased to beat, and the apparatus arranged before the heart's action ended. The lungs were then inflated sixteen times a minute for over an hour. But no sign of life was noticed.

EXPERIMENT 16.—To determine the same by inflating the lungs with oxygen gas. The gas having been collected, a dog, three years old, was taken and chloroformed as usual. The trachea was then divided before the heart had ceased to beat, and the open extremity of a small tin tube, which had a lateral branch near its middle, inserted and securely tied, the other end of the tube being attached by elastic tubing to a gasometer, which would contain fifteen gallons. At this stage of the experiment, the lungs which had ceased began again to act, and respiration to be fully performed. The chloroform on a sponge, surrounded by a bladder, was then held over the open end of the side tube, and a little air allowed to pass with the anæsthetic. Respiration, however, could not thus be made to cease. Five drops of chloroform were then placed in the lateral tube, and the air permitted to pass into the lungs, after which respiration ceased in half a minute, and the heart's action half a minute later. When the heart was quiescent, the open mouth of the side tube was closed with the thumb, and the gas let on. The lungs having expanded, the oxygen was shut off, and the thumb removed, when the gas was expelled. This process was repeated sixteen times per minute for twenty minutes, until all the gas was consumed, after which artificial respiration was carried on for forty minutes longer by forced breathing through the tube by assistants. But life was not restored.

*Post Mortem*.—Immediately after death: the lungs were scarlet red, collapsed and uncongested. The right ventricle of the heart was largely distended with black, soft, clotted blood, while the left was not distended, but contained firm clots, and fluid very bright red blood. No other part of the body was examined.

It is evident from this case that the oxygen first entered at the lungs, and subsequently the left side of the heart. This is shown by the bright red arterial blood in the left heart, and the pink red color of the lungs. We, however, have no evidence in this case that the oxygen passed on to the brain, and it is probable from the amount of clots in the left heart that it did not. This calls to mind the fact that any restorative agent, applied to any of the surfaces, must act by stimulating the medulla *through the nervous system*. But when the chloroforming has proceeded so far as to cause a cessation of heart action, such afferent stimulation will be of no avail, when applied to the lung

surface, for this is benumbed by the local action of the chloroform. So to be effectual, the excitant must enter the circulation, and impress locally the medulla.

Again, if the agent could pass through the systemic circulation, the chloroform would flow with it and neutralize any vivifying influence which the excitant might have upon the medulla. Thus it will be seen that restoration is almost impossible after the anæsthetic has so far impressed the medulla as to cause the heart to cease its motion.

It is plain from this and several other of these cases, that restoration may take place, by artificial respiration, by the aid of abdominal pressure, the bellows, or oxygen, and even the mere removal of the anæsthetic, before the heart has ceased its motion and after respiration has ceased ; but not after the heart has become quiescent.

I may here refer to the opinion of Prof. Dalton, of New York city, who is certainly one of the greatest of physiological experimenters. He maintains that resuscitation from chloroforming can not take place after the heart has ceased to beat.

In these several cases the pulmonic circulation seems to be primarily affected. This can not take place through this circulation, as it is impossible for the chloroform to pass backwards to the right side of the heart, but it may proceed to the left side. Consequently it must produce its sedative agency first upon the left heart. If, however, the action of the heart continues long enough, which it generally does, the chloroform may locally reach the medulla through the circulation. (It occurs to me on looking over this article, that the chloroform may impress the heart by entering the coronary arteries, and locally benumb the motor nerves of the organ.) The lungs, too, may become congested from the presence of carbon and absence of oxygen. The heart is arrested in its motion on the left side by the local paralyzing effect of the agent, as well as that upon the medulla ; and on the right side by paralysis, and distention of the cavities, the two causes preventing contraction.

It is the opinion of Prof. Dalton that death by chloroform takes place from palsy of the heart, and he bases his conclusion upon the fact that the heart continues to act for some time after respiration has ceased, and the chest has been opened and lungs exposed, so as effectually to arrest breathing. In this opinion we can not agree with this able authority. It has always appeared to us that as the lungs have invariably failed first, that therefore these should be the weaker organs, and the morbid process begin here ; and, moreover, we have seen that when the action of these have been restored, that consciousness was



soon reinduced. We know, too, that the heart is mainly supplied from the sympathetic nervous system; this and the comparatively few fibriles from the vagus can not be impressed until the chloroform has reached the lining membrane of the cavities of either side of this organ. Therefore the lungs would seem to be most at fault, and the process to begin in them, and affect the left heart secondarily, and the right heart lastly.

It will be remembered that when the distension was removed by division of the pulmonary vein in Case 3, that the walls of the right auricle began to contract, and likewise the walls of the right ventricle in Case 4. But we do not remember to have seen the left side of this organ contract after division of the pulmonary artery. This would show the left side of the heart most affected, and the right least, by the actual presence of chloroform in the heart cavities, and that irritability was not wanting in the right side of this organ; and also that distention of the right side of the heart was the great defect of this half of the organ, and not annihilation of irritability, although the latter must have been impaired.

Before drawing any conclusion, permit me to call your attention to the experiments of MM. Perran and Duroy, on chloroforming, which you will find narrated on page 99 *London Lancet*, in the January No., 1861. These gentlemen hold that chloroform, alcohol and ether act primarily on the nervous system, while carbonic gases act first on the blood, changing its character, and then upon the nervous centres. If these gentlemen mean by chloroform acting primarily on the nervous system, that it first locally benumbs the afferent nervous radicles of the lungs, and that the chloroform does not make its impression upon the brain through the afferent nerves, then we can concur in their opinion. But if we are to understand them as teaching that the medicinal action of chloroform is positively transmitted through the nerves to the brain, without the necessity of the agent passing the rounds of the circulation to impress the brain locally, then we can not coincide with their belief. For we know that this agent does enter the blood, rendering it more fluid and dark, and, moreover, it can be distinguished emanating from all parts of the cadaver immediately after death.

After having been honored with your attention so long, and wearied your patience, I would willingly cease here and draw no conclusions; but such a course would leave the article in an imperfect condition. I must, therefore, solicit your indulgence to state the conclusions.

Conclusion 1st: That from the effect of chloroform by inhalation, the lungs will cease to act first and the heart last.

Conclusion 2d: That rapid chloroforming does not always produce congestion of the lungs.

Conclusion 3d: That when congestion of the lungs does result, it is sometimes greater in one than in the other, and often present in one and absent in the other.

Conclusion 4th: That collapsing of the lungs in these cases occurred in every instance inversely as congestion was more or less marked.

Conclusion 5th: That we can offer no satisfactory explanation why chloroform should sometimes produce congestion of the lungs and heart, and again paralysis of these organs; save that it may result from being too profusely or rapidly given. Consequently, to obtain the safest effect of the agent, it should be slowly exhibited, and a large proportional supply of fresh air admitted, that respiration may be unarrested and insensibility gradually induced, by the agent passing through the circulation and reaching the sensorium.

Conclusion 6th: That the chloroform enters the circulation and pursues the natural course of that system, and therefore it can not travel from the lungs to the right auricle, but must course from the right heart to the lungs after it has passed through the systemic circulation.

Conclusion 7th: If the anæsthetic is applied to the lungs, there is either no congestion of these organs, and much dilatation of the heart, or congested lungs and heart.

Conclusion 8th: It is immaterial whether the paralyzing agent be applied locally to the medulla, or to the lungs. In the latter case, a longer time will be required to kill, provided the case is purely of the paralyzing character, and less if congestion of the lungs result.

Conclusion 9th: That the more potent the paralyzing agent is upon the medulla, the sooner does death ensue, and the less is the heart dilated and lungs congested.

Conclusion 10th: That chloroform may produce a general excitement by being applied to the nervous radicles of the nose, throat and lungs, and also induce local anæsthesia wherever applied. Yet to produce insensibility it must reach the sensorium by circulation, and to cause death by paralysis it must locally impress the medulla oblongata. It matters not how much benumbed the afferent nervous radicle of the endocardium by the local action of the anæsthetic, the medulla will continue to be excited by the blood circulating in it, and thus motor agency be sent down to the heart, until the medulla, too, is paralyzed.

Conclusion 11th: That the chloroform, through the circulation,

first impresses the cerebrum, producing unconsciousness, then the sensory ganglia, inducing insensibility, next it acts upon the medulla oblongata and spinal cord, and lastly it affects the sympathetic nervous system.

Conclusion 12th : That the openings in the heart are not generally obstructed by clots, from the effect of chloroform, and hence death can not take place from obstruction in this organ. On the contrary, we generally find the blood more fluid than natural, and often excessive in quantity in it. The latter, we have no doubt, may induce death under certain conditions.

Conclusion 13th : The fact that the lungs cease to act first and the heart last, sometimes one being relatively more congested, and again the other, would indicate these organs affected through the same channel, and not the heart solely at fault.

Conclusion 14th : That restoration may take place after the lungs have ceased to act, by the institution of artificial respiration in some form, but not after the heart has ceased to beat.

Conclusion 15th : The excitor nerves of the general surface, the fifth, and of the pneumogastric are, as is well known, the main afferent nerves of respiration ; while the facial, the phrenic, the intercostal and the spinal accessory are the motor nerves. It is evident from this anatomical glance, that there is a large excitor lung surface, but, unfortunately, the nerves of this are paralyzed, consequently exciting agents can not act here to stimulate the medulla. To a certain extent, this is the case with the excitor nerves of the mucus membrane of the upper air passages. The general surface is unaffected locally, and through the excitor nerves of this must we produce our greatest exciting impression. Thus stimulating frictions, cold and hot douche, the hot iron held near the surface, over the spine from one end to the other, may be resorted to. Galvanism may be tried, applied to the medulla and heart, and through the spine. As to the introduction of agents by the lungs into the circulation, so that they may locally excite the medulla, we fear this is almost impossible, for the heart is palsied, and therefore the column of blood will not be sent on to the brain, even if the restorative advance so far as the heart. It must not be forgotten that the excitor radicles of the left endocardium, too, as well as those of the lungs, are benumbed by the anæsthetic, and therefore, even if the excitant reach the heart, it can not stimulate it to contraction. It is also plain, too, admitting the excitant could even reach the medulla through the circulation, along with it would flow a *chloroformed blood*, which would add to the local anæsthesia of the



medulla, if it did not prevent all influence the restorative might otherwise have had.

Again, the heart is mostly supplied from the sympathetic,—consequently; could the restorative pass to the medulla, but little effect would reach the heart through the few cardiac motor branches of the pneumogastric. From such considerations as these, it would seem that restoration is probably impossible after the heart has ceased to beat.

It may be that in our experiments we have not properly used the galvanism, and that an exciting fluid could be passed through one of the internal carotids direct to the medulla, and thus stimulate the latter to motiferous action; but this remains to be investigated.

Conclusion 16th: That congestion of the brain, in these cases, seems to be a rare result.

In presenting for your consideration these experiments and conclusions, our object has been to interest you with such practical data as bear upon the subject. We have endeavored to be as concise as possible, so much so that the data have not been considered in all their bearings. Yet the article is lengthy, and presents many practical details which by some would be considered uninteresting; but if the theme be closely considered, it will be found not only interesting, but highly instructive and important.

We should remark that the mathematical calculations of these experiments are not fractionally correct, but they are sufficiently accurate for all practical purposes.

We regret that we can offer nothing new under the head of *restoration*. We feel, however, that we have clearly shown what are the obstacles to be overcome, and developed as plainly that restoration may take place before the heart has ceased to beat, and after respiration has ended. There are, no doubt, others who are able and willing to investigate this subject, and we only hope that we may aid such in their researches. It is often of as great value to know what we can not do, as to discover what we can.

---

#### ADDENDUM.

Since reading the foregoing Report to the State Society, I have seen a synopsis of the experiments of A. Ernest Sansom. The conclusions of this writer are at variance with my own. We have, therefore, investigated his experiments, and now desire to place the results before the Society, simultaneously with the original article, in the form of an addendum.

The conclusions of Mr. Sansom may be found in the *London Lancet* and the *American Medical Monthly* ; from the latter we quote :

Conclusion 1st : Chloroform affects the red corpuscles, but not the white.

Conclusion 2d : It corrugates and dissolves the cell-walls, alters the shape of, and produces coherence of the red corpuscles.

Conclusion 3d : It causes the contents of the red corpuscles to coalesce.

On examining the circulation of a frog's foot microscopically during chloroforming, he found—1st. Blood motion accelerated ; 2d. Dilatation of capillaries and blood vessels ; 3d. Alteration in shape of blood-discs, and tendency to cohere ; 4th. Blood stasis.

The first series of experiments by this gentleman were made by subjecting the drop of blood to the action of pure, undiluted chloroform, on the microscopic slide.

Without commenting at this time on these conclusions, we will proceed to give the following experiments :

EXPERIMENT 1st, July 24, 1861.—Took three clean glass slides and three thin covers, and successively placed a portion of a drop of my own blood on each.

No. 1 was exposed to the field of the microscope (a Grunow), under a power of nearly 700 diameters. An achromatic condenser was attached. The white and red corpuscles could be distinctly seen, and their size and form were carefully noted. A drop of chloroform was then allowed to run under the cover, and its effect noticed. The outlines of the red corpuscles became more distinct, and no change of form was seen. The slide was set aside, and when the blood was perfectly dry, again noticed, when the red globules were corrugated and somewhat smaller. No effect was observed upon the white corpuscles. A drop of blood was then placed upon slide No. 2, and the same experiment repeated, with the same results. A portion of a drop was placed on slide No. 3, and allowed to dry without subjecting it to the action of chloroform. The red corpuscles became more distinct, and corrugated, and aggregated together on drying equally as much as in Experiment 1. In fact, we could not distinguish any difference in slide No. 1 and 3, on repeatedly viewing each other alternately.

EXPERIMENT 4.—Placed  $\frac{1}{3}$  of chloroform in a half drachm vial, and added four or five drops of fresh blood from a healthy horse. This was corked and shaken for five minutes, and allowed to stand half an hour, and then a portion of a drop examined microscopically. The red corpuscles were corrugated, and generally the white corpuscles.

A coagulum soon formed in the vial, which remained of a bright red, the same color that it was when drawn. Two hours later the clot was examined, when it was found loose, still retaining its bright red appearance. The chloroform poured off was colorless.

EXPERIMENT 5.—A drop of blood from a healthy horse was placed on a slide, covered and viewed. Where the red globules were separated from the mass they were not corrugated, but in the mass they were. The white corpuscles were somewhat affected, but not enough to materially change their form. When the coagulum (which became dark as exposed to the air) was hardened, a thin portion was examined under the field of the microscope. The red corpuscles were found corrugated, but the white were unaffected. No fibrous arrangement could be detected.

EXPERIMENT 6.—Placed a drop of blood on a slide, and added a drop of the following solution :

R Chloroform, gtt. x.  
Sacch. alba, 3 j.  
Aqua, 3 ss. M.

On observing microscopically, no effect was noticed on the corpuscles. Ten drops more of chloroform were added to the solution, and subsequently, twenty more, and the experiment repeated—still no effect was had upon the corpuscles. When the blood was dry, no more change was observed in the globules than in Experiment 3, where no chloroform was used.

EXPERIMENT 7.—A strong, medium-sized dog was chloroformed by lungs, and in two minutes the animal ceased to breathe, and a few seconds afterwards respiration again began, but after several inspirations the lungs ceased to act, and a few seconds later the heart also. The brain was immediately exposed and removed, and with it some of the blood from the sinuses (which was dark and fluid.) The whole was immediately placed into a small retort, the end of which was securely corked. The heart was not so much distended on either side as is usual. The lungs were collapsed and bright pink in color. The left ventricle was punctured and its blood received into another small retort, the end of which was secured as before. Both of these retorts were exposed to heat, and the vapor from both collected into separate receivers. But no chloroform could be detected in either fluid. Took a drop of the brain-blood and exposed it to the microscope, and found the red globules in good form and the edges distinct. Took a drop of the heart-blood, and treated it in the same manner,



and observed that the edges of the red globules were very finely separated, but could distinguish no change in the form of these corpuscles. The last experiment would seem to indicate that the test for the presence of chloroform was not sufficiently accurate. That it had passed on to the heart would seem to be shown by the slight change in the edges of the red corpuscles. This may have been induced by fine air globules collecting around the corpuscles, or from pressure of the glass cover, which we know will sometimes cause this appearance. But Mr. Sansom probably would say the change in these was effected at the lungs, and then these passed on with the current of the circulation to the left heart. But if these globules thus reached this cavity, why not the chloroform also? And if it be present here, why shall it not induce its paralyzing, local action on this organ? The effect that chloroform may have upon the red globules is one thing, and its action upon the economy another; and it must not be supposed that, even if it annihilated the red globules, it would not subsequently affect the nervous centres.

Again, in Experiment 4, where a few drops of blood were exposed to the full action of chloroform in a corked vial, the globules were corrugated, but not dissolved; and it was noticed, also, that the color of the blood was unchanged. This contrasts strongly with the dark red blood always found after chloroforming. This points to the fact that there is, unquestionably, a larger amount of carbon in the circulation during chloroforming than is natural; but that this arises from the function of the red globules being destroyed we can not believe, but would rather refer it to a want of oxygen, from the presence of chloroform in the air inhaled, which diluting the atmosphere, and furnishing the lungs with less oxygen, gives rise to an accumulation of carbon in the blood. That this carbon may contribute its share in anæsthesia we can not doubt, but that this is the cause of chloroform insensibility our numerous experiments do not dictate. The presence of this carbon not only causes the dark blood, but its presence is a mere negative effect, a collateral result of the chloroforming by lungs. The chloroform passes through the circulation, and the carbon with it in just such quantity as the interference with the function of aëration causes, aiding the chloroform in the anæsthesia of the nervous centres, but being subsidiary to the chloroform. This would seem to be shown by the fact that all experimenters, including the late Dr. Snow himself, have found that the less respiration was interfered with—*i. e.*, the more oxygen allowed to enter with the chloroform (Dr. Snow thought the proportion should be air four and chloroform one part)—the safer and

more happy would be the anæsthesia. It is well known that deaths from apnœa by chloroform generally take place rapidly, and that, therefore, in such cases we do not observe the true anæsthetic effect of this agent.

It is a fact to be observed in this connection, that Ragsky and Dr. Snow have detected chloroform in the blood in various parts of the system, and in our original experiments we could distinctly smell the agent emanating from all the cavities of the body.

Again, in one experiment previously instituted, the agent was given by stomach and produced anæsthesia, while the function of aëration was undisturbed; thus showing no relation to carbonization of the blood, and want of oxygenation from chloroforming.

Again, if the chloroform act by destroying the red corpuscles, the mass of these injured by the agent would be so great that the functions of life would be seriously interfered with, and days and even weeks would elapse before the circulating fluid would again become healthy. But such is not the fact, but on the contrary, as the effect of the agent upon the nervous system passes off, are the powers of life restored to their wonted action. The kidneys throw off the agent largely, and probably other surfaces, and the system is thus soon relieved of the sedative.

It will be noticed in these experiments by myself, that in proportion as the blood is exposed to the full action of chloroform, so are its effects upon it more marked. Thus in Experiment 4, the blood globules of both varieties were affected, the red being corrugated and depressed, the white only slightly affected; while in Experiment 6, where the chloroform was variously diluted, no action resulted upon the corpuscles. That chloroform should destroy the red globules when applied to them undiluted, is no wonder when we know that it will blister when in contact with the skin, and that it dissolves so many substances. But we claim that the agent entering the lungs is first diluted by the vapor in the expired air, and then by the serum of the blood, so that to judge properly of its effect upon the red globules, the chloroform must be diluted, as was done in Experiment 6. Thus no effect was had on the red corpuscles.

But to refer to the conclusions of M. Sansom *seriatim*: we notice (see *Lancet*) that he adopts the opinions of Faure and Gosselin, that chloroform may be applied to the brain directly, and through the medium of the circulation, without producing unconsciousness. This our experiments will not support. Thus in the original article, a case was narrated, wherein it was shown that the agent was injected

upon the medulla, and shortly insensibility and death resulted, and afterward none of the agent was found around the medulla, so that death could not have arisen from compression.

Again, the analogy between this and other experiments was drawn, in the latter of which the medulla was pithed, and also the agent given by inhalation, and similarity established in the mode of death in the several cases.

Again, in some of these cases, there was obvious congestion of the lungs. Now if the hypothesis of M. Sansom be correct, we should find death resulting most generally from congestion of the pulmonary organs, which is not the case, but is the exception. In fact, the morbid appearances should resemble those found after the inhalation of carbonic acid gas, which they do not.

Again, we cannot agree with M. Sansom, that the blood should be exposed to undiluted chloroform to obtain the true effect of the agent on the globules, but believe that the agent should be applied artificially to the blood, in about the same degree of concentration as is exhibited after it enters the blood at the lungs.

Again, our own experiments show with undiluted chloroform that the red globules may be corrugated, altered in shape, but not per force of the chloroform made to cohere, but because the globules naturally cohere when out of the blood vessels, and because they take up less space when corrugated, they come more closely together. We have often seen the columnar arrangement of the red corpuscles of the body, when the blood was not in an inflammatory state. But if the chloroform be applied diluted, no effect will be noticed from it on the corpuscles.

Again, we never have seen the cell-walls dissolved, though faithfully trying and repeating the experiment with pure chloroform. As a consequence, we have not detected any coalescence of cell contents. Indeed, if we regard the red globules as a homogeneous structure, the cortical portion of which is condensed, thus answering for the cell-wall—the corpuscle having no distinct cell-wall—and consider the entire corpuscle as made up of the protenaceous compound *globuline*, enclosing in its structure the coloring matter of the blood,—I say, if we thus view this little structure, we can scarcely see how, when it is corrugated, it could throw out any contents, since it has no contents, save the coloring matter of the blood. That this is not dissolved out, but is retained within the contracted globule, we have convinced ourselves by repeated experiments. Wherever the mass of globules are in the field of the microscope, there will be found the coloring matter.



Again, to illustrate, in one of our experiments, after the blood of the horse had been shaken up in chloroform and allowed to stand several hours, the chloroform was poured off colorless. Still further, when several drops of blood were subjected to chloroform, and allowed to stand twenty-four hours, and not having been shaken, neither the chloroform nor the sides of the vial were colored. Thus if the *hamatine* is not thrown out from the corpuscle, it is probable that the homogeneous *globuline* is not, and that when these structures are corrugated the entire globule is shrunken, but not dissolved or contents thrown out.

But we pass on to notice the last division of M. Sansom's conclusions, based upon his experiments upon the frog. To do this correctly, it was necessary to repeat his experiment, which we have faithfully done, as will be seen by

EXPERIMENT 8.—The web of a young frog's foot was exposed under the field of a microscope, and observed with a power of 600. The blood globules could be distinctly seen, as well as their outlines. The circulation was crowded in some parts, owing, no doubt, to the irritation of the extremities of the toes having to be tied to secure the foot; while in other parts of the field the circulation was free, and not in the least crowded. The blood passed rapidly along through the main vessels, while in the smaller it coursed more slowly, and in some there appeared to be nearly a stasis. When the globules were so crowded, the red corpuscles appeared to be deformed. Chloroform was then given. At first the circulation became more rapid, clearing out the engorged vessels and contracting them. They then resumed their natural calibre, and as the action of the heart became slower, the impetus of the blood became less, and at last slight dilatation of the vessels occurred, they filling up with globules, first in the larger vessels, then in the smaller, until when stasis supervened, on the cessation of the heart's action, they were all full, but could hardly be considered engorged. The chloroform was then removed, and shortly the circulation was resumed in the web, but only for a few seconds. Chloroform was given gradually in this case from a little funnel of paper. It required four minutes to kill the animal. No change could be detected in the form of the corpuscles. But to be more certain of this, a drop of blood was taken from the animal's heart, (which began to pulsate when divided, and continued to do so for half a minute,) and placed upon a clean slide with a cover, and observed. Here and there might be seen a few deformed red globules, but no corrugation, but the mass of these structures were perfect in form and unaffected.

A drop of blood was then taken from the thigh of another healthy frog, which had not received any chloroform, and placed upon a second slide and covered. This was repeatedly compared with the first slide by myself and others, and not the slightest difference could there be detected between the red globules of the two frogs. The outlines of one were just as distinct as the other, and the form perfect in both.

Then to refer to the conclusions of M. Sansom, we agree with him in that the circulation was at first accelerated, as it always is under the presence of chloroform, and that when this passed gradually off, dilatation of vessels and aggregation of globules was a sequence of want of vascular power, which resulted in stasis when the heart ceased to act. The same aggregation of globules took place before the chloroform had been given, from the irritation necessary to secure the frog's foot, which, under the additional stimulus of the first, or exciting action of chloroform, was removed, and soon followed by the relaxation of the secondary or sedative effects of this agent, and the consequent reaggregation of the blood corpuscles. The stasis present seem to have caused the aggregation of the globules—not any peculiar action of the anæsthetic or the blood globules; and we can not coincide with M. Sansom in his statement that the red corpuscles are altered in shape, as our experiments directly contradict the conclusion.

Then to conclude, we believe

1st. That chloroform can not be applied either directly to the brain, or through the medium of the circulation, to an amount proportionate to the powers and idiosyncrasies of the individual, without producing *unconsciousness*.

2d. That chloroform to induce insensibility must enter the circulation and locally impress the sensorium.

3d. That anæsthesia may be aided by the presence of carbonaceous compounds in the blood, but that this is subsidiary to the presence of the chloroform in the blood acting upon the nervous centres.

4th. That chloroform diluted as it is by the serum when it enters the blood at the lungs, and onward in its course, can not produce any change in the functional action of the red globules.

5th. That the red globules may be corrugated and deformed by the action of undiluted chloroform out of the vessels, but not when diluted.

6th. That aggregation of the red corpuscles is not a peculiar effect of chloroform on these, but arises from approaching stasis within, and from a well known aggregative tendency when without the vessels.

7th. That chloroform first induces excitement and contraction of the vascular system, and then sedation and dilatation, and ultimately stasis.

## ARTICLE II.

**Is Consumption Contagious?**

Who is prepared to answer this question with an array of facts and a force of reasoning that shall carry conviction to all unbiased, intelligent physicians?

A year or more ago I put the query to a medical man of much candor and great good sense, who is a practitioner of thirty years' experience. His mind had been directed to it for several years, and his conclusion was firm and positive that consumption is contagious. And, moreover, he informed me that in 1856 he was in Philadelphia, and being in company, professionally, with a distinguished physician of that city, who has paid especial attention to, and valuably written upon diseases of the lungs, he inquired of the Philadelphian his opinion of the contagiousness of consumption, and the inquirer responded, without hesitation, "I have no doubt of it, sir."

A number of influential writers might be cited to the same effect, some of whom bring numerous cases to support their views, such as that Laennec died of consumption twenty years or more after being inoculated with tubercle in the hand; of four men who became tuberculous in the lungs, after cohabiting with consumptive females, two of which men, at least, were of robust constitutions, and possessed amply developed chests; of "mothers seized with phthisis after nursing consumptive sons and daughters, sisters after having waited on sisters, brothers after succoring brothers;" of "a widow, fifty-five years of age, thin, active, hardy, the very type of toughness in constitution," who accidentally inhaled her consumptive daughter's dying breath, which caused "an acrid sensation in her throat, and a taste which she was unable to get rid of," who died in six months of acute consumption of the lungs; of the death of the first two resident physicians of the Brompton Hospital for Consumptives, etc.

In my own experience I can recall the memory of many instances where nurses long confined with consumptive cases have themselves afterwards become victims of the disease; but I also remember many cases where nurses have long and faithfully watched and waited on the wasting forms of patients dying of tuberculosis of the lungs, and themselves remain uncontaminated, at least for years after. In one instance that I now think of, I know a father and two sons, who each had a wife to die of the consumption, and in each case the husband was the constant nurse, and yet, though the wives died nearly twenty years ago, the husband-nurses are still living, without any symptoms



of the disease, notwithstanding that in two of the cases (the sons) there was in addition the proclivity of hereditariness, whatever that may have been.

No safe conclusion can be predicated upon the memory of practitioners, not supported by a careful record, of long continuance and great fidelity, because one is so liable to be warped in one's recollections by a pre-formed opinion, even when one conscientiously endeavors to make them void of all bias. No such records have been made public that I am aware of, and in their absence every one will make up his judgment upon the point by the light of such general or special testimony as comes to his knowledge.

It is to be regretted that Prof. Lawson did not, in his recent elaborate "*Treatise on Phthisis Pulmonalis*," devote a chapter to this subject, epitomizing the past and current literature in relation thereto, giving us the status of the profession upon the point as far as ascertainable, and the conclusion himself had arrived at after thorough investigation. His judgment, thus formed and expressed, would have had great weight in maturing the views of physicians in a matter where the truth is of much practical value.

Having no records of clinical observation and subsequent history to guide us, how much assistance can we get from the nature of the disease itself in the formation of an opinion in relation to its contagiousness? Not much, I opine.

We have come to know, with some satisfaction, the particular tissue of the lungs which gives birth to tubercle, and somewhat of its mode of formation, but this assists us not much in answering the question under consideration. "Tubercle is always a pitiful production; a new formation, from its very outset miserable;" but this does not inform what struck the new formation with early grief, arresting its development into normal connective tissue, and producing a mass of degenerating cells. For aught the knowledge of these facts teaches us, the formative process may have been turned to error by some intrinsic vice of the constitution; by exterior agents, emanating from persons already suffering from the disease; by other extrinsic agents, or by two or all of these causes together.

Nevertheless, the difficulties in the way of coming to a truthful conclusion will not prevent any medical man from making up a judgment which guides his every-day, practical life. He can not ignore it, if he would. He may say he does not raise the point with himself, leaves it in abeyance for the present, for future decision, if he should ever have sufficient light. And yet, when week after week the

married sister of his consumptive patient watches and waits at the bedside of the sinking sufferer, and the anxious husband asks, "Doctor, don't you think my wife in some danger of contracting consumption from confinement in that close room with her sister?" he must answer the question, and he can not do so without an opinion, for or against the contagiousness of consumption. This exposes the practical importance of the question we are discussing, and declares the necessity every conscientious physician is under of forming the soundest judgment the evidence within his reach would establish.

For my own part, I act upon the view that under favorable circumstances tuberculosis of the lungs in the third stage is capable of exciting the same condition in other lungs, but that, with such regulations and precautions as may be established in almost every case, the danger of such result is represented by a very small percentage, if indeed there is any danger at all.

LECTOR.

---

## *Proceedings of Societies.*

### **Proceedings of the Cincinnati Academy of Medicine.**

MONDAY EVENING, Sept. 9, 1861.

Vice President Foote in the chair, Dr. Stevens appointed Secretary. Dr. Gans read the following paper,\* being the first of a series on

#### **PUERPERAL FEVER.**

The ravages which the puerperal fever has from time to time committed amongst parturient women, particularly in lying-in hospitals, has again in modern times called forth the attention and strictest investigations of physicians and midwives, and has led to the same scrutiny and discrimination which the advancement in the natural sciences—chemistry, physiology, and pathological anatomy,—made necessary in many other questions of practical medicine. It was not even left to single individuals to exert all their acuteness and erudition, with all the means of investigation at hand, to fathom this yet in many respects doubtful disease. Colleges and academies have united to contribute all their powers and great experiences to battle, for the interest of mankind and science, this fatal disease, which defies so often all medication and every remedy. Thus we have the remarkable discussions of the Academy of Paris, which occupied four months (23d of

---

\* Reflections on Puerperal Fever, according to Lehmann's "*Rapports de la Commission d'obstetrique, communiquees au cercle medical d'Amsterdam.*"

February till 6th July, 1858), and in which the most renowned men of the profession, Depault, P. Dubois, Beau, Trousseau, Cruvelhier, Danyan, Cazeaux, Bouillaud, Velpeau, Guérin and others participated. It is to be regretted that these discussions did not lead to any definite conclusions of the subject in question.

Next to this we have the investigations of a commission of physicians of Holland, the result of which a Dr. Lehmann has compiled into a volume, translated into the French by Dr. Dieudonné, of Brussels. This treatise has the great merit of presenting the subject in a clear and distinct manner, and availing himself also of the experience in other countries, the author keeps aloof from a one-sided treatment of this subject. He points out, in a concise and simple manner, the present stand-point to which the doctrine of the puerperal processes has been brought at the present time. This is the reason of laying before you the principal part of Lehmann's treatise, as it can not be supposed that every one is in possession of the whole literature of modern times, or enabled to collect all the material scattered abroad, for the purpose of giving himself up to a deeper study.

The treatise is divided into three parts: 1. The Etiology and Pathogenesis. 2. The Nosology of the Puerperal Processes. 3. The Treatment of the Disease.

PART I.—*Etiology and Pathogenesis*.—Puerperal fever is in general looked upon as one of the most fatal diseases. It is therefore not surprising that physicians have devoted to it their fullest attention; and during the last few years, they have endeavored to penetrate into the mysteries of this malady, by a strict application of the natural sciences to the science of medicine, principally of chemistry and the microscope, as also through the great progress of pathological anatomy; and still they are not yet enabled to throw a sufficient light upon its nature. Many points in question move yet within the narrow limits of hypothesis, and anticipate their solution from the future. It is even not easy to give a true description of this disease, for a great many forms of disease have been designated by that appellation. Keeping strictly to the name, puerperal fever means nothing more than mere fever in childbed, without this term explaining to us in what pathological phenomena we have to seek the cause of these febrile symptoms; thus every morbid condition of a lying-in female accompanied by fever had to be regarded as puerperal fever; and so, too, like the old empirical medicine, we had to designate the fever either as benignant or malignant, according to its course and termination. But for a long time these superficial considerations have been abandoned, and the name "puer-



peral fever" has been given but to a distinct series of morbid appearances. Pathological anatomy has shown the existence of various local disturbances, which will be found in a corresponding manner, in such cases of puerperal fever as end fatally. The appellation, puerperal fever, as the simple expression for a symptom or series of symptoms, appeared, therefore, insufficient, and had to give way to the by far more embracing name of puerperal diseases. Thus it was thought more easy to classify the anatomical products so different in different organs of the body, and the result was the division of the puerperal fever into a number of forms of disease, to which the final syllable "*itis*" was appended, and hence the treating of peritonitis, metritis, metrophlebitis, metrolymphangitis, endometritis, oophoritis, enterocolitis, scarlatina and phlebitis in the extremities. But this very mania to localize had also its disadvantages, causing difficulties for the diagnosis and therapy; for the fever was seldom characterized by any one single local phenomenon; several of the above forms were often seen in one and the same case. They commenced, therefore, anew to generalize, and to reduce the puerperal fever to three principal forms—peritonitis, pyæmia, and endometritis. But from this classification, based principally upon the local affections, were excluded those cases which, in their fatal termination, depended upon a morbid blood change. It soon met, therefore, with objections, and a classification was made according to so-called blood crases—hyperinosis, pyæmia, and sepsis. It is not necessary to speak here of their particular criterions, but it must be mentioned that our knowledge of the puerperal crasis is very deficient; that the chemical and microscopical investigations, notwithstanding their progress, have not penetrated, in any satisfactory manner, into the nature of those crases; and that the results obtained thus far consist but in some hypothesis, which proposes to prove, *a priori*, the abnormal composition of the blood. Thus the searching mind has continually established theories, which soon disappear as fallacious, to give room to others.

Be it as it may, puerperal fever is considered, in the present state of the science, like typhus or cholera, a zymotic disease with acute character. This name is given, as is well known, to all acute diseases in which the condition of the blood is altered by the formation of excretory products of various kinds. The appellation "zymotic disease" is therefore synonymous with fermentation disease. This brings us back, with some modification, to the view of the old humoral pathology, that the blood enters into a process of fermentation, particularly in febrile diseases, in which they talked of a stage of critical caction.

With this theory the generalization has gained a new field. The general affection, the disease of the blood, was considered as the principal point of the puerperal fever. The various localizations, or local phenomena, which the pathological anatomy had for a while looked upon as real characteristic signs, had to be considered as products of the fermentation or excretion; and thus it was possible to comprehend under the proper term, "puerperal processes," all the anomalies of the childbed.

Although the opinion which takes the nature of the puerperal fever to be an altered state of the blood, produced by a miasma, the numerous local affections appearing but as secondary, has found many adherents, preceded by Kiwisch and Litzman, still it is improper to pass over in silence two important arguments against this hypothesis:

1. The puerperal fever shows itself sporadic and develops itself in consequence of a puerperal metritis—an observation which in no way can be doubted. A difference must, consequently, be made between a simple puerperal inflammation of the uterus, and the metritis in consequence of puerperal fever; giving to the metritis, in the last case, a secondary importance, as the angina in scarlatina, or the bronchitis in bronchial typhus.

2. The opinion which recognizes the nature of puerperal fever as *sui generis*, does not agree with the present state of medicine in her endeavor after exact science. Physiology and organic chemistry have not been able, till now, to clear up the true nature of the morbid processes, and the question, in which the altered state of the blood consists, could not be answered yet. It has not yet been possible to prove a specific puerperal discrasia, and as long as a theory is wanting positive proofs, it must be considered an hypothesis.

On the other side we must indicate also the various arguments as the basis for that theory. In general, a large number of organs are at the same time affected in this disease, and only exceptionally it localizes itself upon one single organ or tissue. All local inflammations have a tendency to considerable exudation, and are combined with septic dissolution of the formed exudations. Fever, which precedes the local affections, and an enormous frequency of the pulse, are most frequently the first symptoms. The visible alterations in the solid parts are not always in proportion with the intensity of the fever and the disease, and just in those cases which terminate very rapidly, the post mortem examination often shows unimportant traces—indeed, quite frequently not the least appearance—of a local affection. An artificially produced alteration of the blood develops phenomena identical

with those of puerperal fever. If pus or other noxious substances are injected into the veins of an animal, excitement and fever are produced, and more or less inflammatory results form themselves in various organs, particularly in the mucous and serous membranes; or death takes place in the midst of nervous symptoms of great intensity, without striking alterations in any organ. All miasma and contagious matter seem to exhibit a similar blood alteration.

In the following we will pass to the etiological relations of puerperal fever; then take into consideration the pathogenesis and therapy, and enter upon recent investigations and opinions.

The puerperal fever has a miasmatic or contagious origin. The terms contagion, miasma and infection, are to be considered here almost synonymous. They indicate solely the various ways by which the disease may propagate itself. Although the miasmatic origin of the disease, almost generally acknowledged, is taken as depending upon atmospheric influences, we are still, in reference to the alterations of the atmosphere—which, in its combinations, are comprehended under the name miasma—in total ignorance.

The presence of a miasma cannot be proven directly; it can only be recognized by its consequences. It is generally supposed that the atmosphere is contaminated with noxious substances, which, proceeding from the dissolution of the puerperal exudation, is incorporated with the atmosphere, particularly in crowded or insufficiently ventilated rooms, and thus becomes the chief means of the extension of the puerperal fever. Thus it was thought possible to explain why the disease develops itself in lying-in hospitals, in consequence of the inhalation of such an atmosphere.

As further proof of the miasmatic origin of the disease, is adduced the fact that it shows itself frequently epidemic, and at different localities at the same time; that it has a regular course, demanding sacrifices without distinctions of individuality, age or position in life. It is not to be doubted that the genius epidemicus acts, among a series of various causes, the principal part. For the purpose of convincing ourselves of it, it is only necessary to study carefully the history of the disease, and it will be seen how many observers agree in the observation, that at certain times parturient women do fall sick, in smaller or larger number, in a certain more or less extended geographical vicinity. These facts become authenticated not only by the reports of lying-in institutions, but also by physicians of smaller towns, and even in the country the same observation is made.

Hence the necessity long felt of carefully studying the atmospheric,



cosmetic-telluric influences, for the purpose of learning their deleterious effect upon parturient women; but all investigations made have not given any positive result. It was found that a puerperal epidemic may arise in various climates, and at all atmospheric changes. The only observation made as being positive is limited to the fact, that the most frequent and most malignant epidemics happen more in winter and spring than in summer; that an epidemic prevailing in winter suddenly ceases when the weather becomes milder and warmer, and increases considerably by the sudden setting in of cold and severe weather. But not only in the number of attacked individuals does the epidemic influence make itself known, but shows itself also in the character of the disease, so that during an epidemic, in the individual cases, in one the character of hyperinosis appears, in others the character of septicemia prevails. Even the localization of the various processes seems to be subjected to those influences, for in certain epidemics post mortem examinations reveal either cases of endometritis, peritonitis, lymphangitis, or metastatic abscesses.

An attempt was made to apply the theory of parasites to the explanation of these epidemics; but this, also, was contradicted by the direct proof that no parasites can be found in the blood, in zymotic diseases. Not giving up entirely the idea of a distinct form of contagion, the principle is to be set up, that the zymotic processes which form in an epidemic, develop a volatile substance, possessing the power of producing a disease of fermentation in an individual predisposed to it. The zymotic diseases possess, particularly in their secretion, pus, ichor, lymph, etc., certain substances which, introduced into the system of another individual, are unquestionably capable of engendering a disease. The catalytic force of the fermentation shows itself always, be this by cells, or by an unknown chemical composition of the excretory substances. As long as the secretory and excretory substances retain this catalytic force in a liquid state, we can convince ourselves, in a certain place, of the passage into the zymotic processes. But when the vehicle of these catalytic qualities begins to dry up, and be carried off by the atmospheric current in a condition unknown to us, we have to content ourselves with the supposition, that in a predisposed individual the fermenting substance, in the dry state, may produce in the blood the same fermenting process.

The question whether the puerperal fever has a direct genetic connection with other endemic and epidemic diseases, with which it prevails contemporarily, has been frequently answered in the affirmative, particularly in respect to the identity of the puerperal miasma with

that of erysipelas and hospital gangrene. We believe we are able to prove that the miasma exerts its deleterious influence not alone upon parturient women, by the fact that a great number of children are then still-born; that frequent hæmorrhages occur during and after delivery; and that children born of women who have later become affected by puerperal fever, frequently die soon, in consequence of a peculiar condition of blood dissolution. The contagious character of the fever has always had as many advocates as opponents, and the quarrel is not at an end yet. To prove the contagion it is advanced that the disease often limits itself to certain localities or certain wards of hospitals; that women who were quite well, and coming from healthy neighborhoods, were affected after their admission into these wards, and immediately after delivery, with puerperal fever, etc. Against this it is said that many parturient women lay in the same room with many sick, without becoming affected; that, on the contrary, some women placed in separate rooms notwithstanding fall sick. We do not think the lying-in hospitals the proper places to solve this question, because we are there less able to ascertain in what manner the disease has spread. Private practice furnishes many facts which speak in favor of contagion. It was observed at various times, that the disease was limited to the practice of single physicians or midwives, as if it was transported, to all appearances, from here or there, sometimes from afar, by physicians, midwives or nurses. Indeed, it must be granted that each case admitted of an apparently different explanation, but after a careful investigation of all the circumstances, any other explanation always appeared hazardous. As to our own opinion, we number ourselves among the contagionists, and are firmly convinced that the puerperal fever may be communicated and propagated by inoculation, and that consequently parturient women may become diseased by linen, etc., which is soiled by putrid lochia, particularly by those which have been used for fomentations or tampons, or by badly cleansed sponges—even by the hands of physicians or midwives; and we base upon it our opinion, that all septic exudations are able to exert their deleterious effect. The purulent or ichorous blood infection of the living organism by noxious substances, as we find them principally in the cadaverous poison, has in modern times, as is well known, opened a wide field to scientific investigation. Semmelweis laid down, in the year 1848, the theory of the cadaverous infection as principal cause—even as sole cause—of the puerperal epidemics. According to him, the cadaver molecules sticking on the fingers after post mortem examinations and exercises upon cadavers, even the cadaverous odor which

remains after washing with soap and water, possesses the property to inoculate the puerperal processes by inner explorations made afterward during parturition. He recommended, therefore, washing with chloride of lime for the purpose of preventing in this manner the infection. He found in Skoda a warm advocate of his opinion. This is not the place to enter into the proof advanced in favor of this theory, and to give the different views of physicians. Suffice it to remark, that the Academy of Paris, under the Presidency of Orfila, has declared herself against it. Although judgment is passed upon the cadaverous infection, still enough is proven to caution us against carelessness in making explorations or operations with hands used before in post mortem examinations, or using linen, sponges, etc.

The miasma or contagion forms, after all, but *one* factor of the development of the puerperal fever, and we have to consider another one in its peculiarities, namely, the puerperal constitution. The biological condition of a parturient woman presents so many phenomena peculiar to it, that it has been tried at all times to explain, by that condition, the origin of the puerperal fever. But it would be certainly very hasty, if we would look upon this disease as the necessary consecutive physiological result of parturition or childbed. The puerperal constitution depends necessarily upon alterations which take place in the system of a woman during pregnancy, parturition and childbed, and which we have to seek in the increased vitality of the genitals, the altered sanguification, and the general excitement of the nervous system. Often phenomena are observed during pregnancy, which, carefully examined, are to be looked upon as standing in connection with the puerperal fever. Thus we observe, sometimes, the sudden appearance of fever with chills, accompanied with pain in the uterine and inguinal region, by which abortion or premature labor is excited; at a later period, weakness of the uterine contractions, slow progress of the parturient act, and striking puerperal physiognomy; hæmorrhage in the fifth period of delivery; the birth of dead children denuded of the epidermis, or who die soon after birth under symptoms of cachexia—circumstances, all of which seem to show that the disease was already developing during the pregnancy. It must be remarked, that these women present already, a few hours after delivery, an intense form of puerperal fever, proving quickly fatal; presenting at the post mortem examination the same results as if developing themselves a certain period after a natural-timed delivery. To such cases Kiwisch has given the name of pregnancy fever. It follows therefrom, that the deleterious influences, when they associate themselves with certain blood alter-



ations, may produce promptly, as well during pregnancy as during childbed, a derangement of sanguinary and nervous life. The view of some authors, who believe that plethora occurring during pregnancy, in consequence of the cessation of the menses, must be looked upon as the predisposing cause, is to be considered as fallacious, for it is easily to be calculated that the blood quantum of ten catamenial periods scarcely amounts to the third of the weight of a fully developed foetus, and that it requires for its development a far greater quantity of that fluid, as the one retained in the system.

The parturient act itself is accompanied by an increased nervous action, and by various phenomena which exert an influence upon the predisposing causes of the disease. In reference to the augmentation of the hyperimosis, Henle has already directed our attention to the analogy which exists between a fever and the labor pain. By the quick reduction which the uterus experiences during parturition, the long-exerted pressure upon the neighboring organs ceases, so that the blood may circulate again, with force and ease, toward them; but, at the same time, an unequal distribution of blood is brought about by it—stasis and modifications of the innervation being the consequence thereof. Yet greater is the deleterious effect which the parturient act exerts upon nutrition, particularly when it lasts long. We agree perfectly with the observations of Busch, Simpson and Scanzoni, who have shown that the development of puerperal processes and the mortality of parturient women stand in due proportion to the length of the parturient act. The reason for this deleterious influence we shall find partly in the excitement which parturition produces in the nervous system, and indirectly in the blood; partly in the continued traumatic irritation of the genital organs; and it may not be overlooked, that the tedious labor requires so often artificial interference, the consequence of which can not be looked upon as always inoffensive or harmless. Every one knows how easily contusions of the genitals are caused by difficult turning, forced application of the forceps, followed by traumatic inflammation and septicemia. If we, therefore, consider the course of a parturition as an etiological point of the puerperal fever, we dare not at the same time overlook the fact that the parturition often presents anomalies, on account of the altered blood composition having exerted already its deleterious influence upon certain functions, before labor took place. Experience has frequently demonstrated that sometimes weak and spasmodic labor pain, hæmorrhages in the fifth period, and during the first hours after delivery, finally death of the child before or during labor, have been observed particularly during an

epidemic, and we would commit a great error if we would *not* attribute this all to the puerperal fever, and coming up later, as consequences of these parturient derangements. On the contrary, we are convinced that just these derangements are to be considered as consequences of that morbid process which has already attacked the system, existing, probably, yet in a living state or condition.

The most important changes happen during childbed. A parturient woman presents to us, indeed, the picture of a wounded person, by the mental and bodily exertions, and by the partial exhaustion consequent upon hæmorrhage; the organic functions enter into new changes, so that the mammae alone appear in augmented activity, whilst vitality in the genitals recedes. The progressive development of the one part, and the retrograde movements of the other, keep now equal steps. The great quantity of the superfluous fibrin must be excreted after delivery, and brought back to its equilibrium by the puerperal secretions. Does this excretion not take place, an increased collection of fibrin (in the opinion of the hæmatopathologist) in the circulation will be the consequence.

Fengerle explains this increased coagulability of the blood thus: the fibrin produced out of the albumen of the blood, by means of oxidation of an atom of sulphur, enters still more by admission of oxygen into higher oxyprotean combinations. He gives, as a proof of his theory, the sour perspiration and the usual high temperature of lying-in women. According to Mulder, the plastic protean oxides, produced by oxidation in consequence of parturition, and the enlarged respiration of the parturient woman, place themselves around the cell membrane of the blood corpuscles, and are used in the capillary system for the metamorphosis of tissue; one portion remains unused in the blood, after the separation of the child from the mother, causing the disproportionate conditions in the essential blood constituents of parturient women.

The vulneration of the inner surface of the uterus, caused by the separation of the upper lamella of the decidua, but principally of the placenta, was looked upon by many authors as one of the principal causes of the puerperal processes. Eisenmann has compared these processes with the fever after wounds, and Simpson, of Edinburgh (1850), has given various proofs in favor of this analogy. The circumstances which favor, in puerperal women, a general blood poisoning, and by which pus and other morbid substances collected in the uterine cavity may easily be carried into the general blood current, are:

1. The open ends of the utero-placental vessels on the inner surface

of the uterus not closing always perfectly, being in constant contact with the uterine secretions.

2. The transfer of morbid and contagious substances to the surface of the vagina.

3. The accidental inflammations which attack the mucous membrane of the uterus, the so-called puerperal processes.

It is by far easier to explain the relation between the fever and the inner inflammation by the present generally adopted opinion, namely, that the puerperal fever consists in a vitiation of the blood. For, according to that opinion, the fever is not the cause of the accompanying inflammation, nor the inflammation the cause of the existing fever, but the fever and the inflammation are the consequences of a mutual cause, the primitive alteration of the composition of the blood. This explains, also, why in some epidemics the fever, in others the inflammatory element, prevails.

Among the other not less important etiological considerations, particularly those which have an influence upon the origin of the sporadic puerperal processes, the following deserve a special notice: the incomplete contraction and involution of the uterus after delivery; the atonic hæmorrhages; the derangement and suppression of the lochia and milk secretion.

The atonic hæmorrhages stand in the closest connection, as is known, with the contraction of the uterus, causing at the same time a contraction of the vessels within its walls. In case the uterus remains extended, feeling soft to the touch, a hæmorrhage without or with coagulation has to take place—in the latter case, with the formation of thrombi in the torn veins. (Virchow.) If we fear the incomplete involution of the uterus, in connection with the formation of thrombosis, lasting the longer, the more the blood pressure is diminished, the slower the blood circulates, and thus causing new obstruction,—if we fear these conditions as causes of puerperal fever, it is for the following reasons:

1. The thrombi which have formed themselves within the vessels may come in contact with the ichorous inner surface of the uterine cavity, causing by this a tendency to inner decomposition, and effecting, in the larger, more distant vessels, coagulation (inopexia) or septicæmia.

2. Parts of coagulated blood in the uterine veins (the autochthonic—original—thrombi, according to Virchow) separating themselves, may cause obstruction as immigrated thrombi (Emboli) into the capillary system of distant organs, and effecting thus metastasis in the lungs, liver, spleen, kidneys, etc.



3. The veins in the neighborhood of these puerperal thrombi may suffer an alteration in the nutrition of their walls, by which a true uterine phlebitis takes place.

4. Under certain circumstances or dispositions of the system—for instance, under septic influences—the autochthonic thrombi of the uterine veins may possess a certain quantity of catalytic substances by which these puerperal thrombi enter into a regressive metamorphosis, giving occasion to the formation of pus; although, according to the investigations of Reinhardt, it is not certain that coagulated fibrin forms the cytoblastema of new-formed pus.

A very old theory of the nature of puerperal fever was based upon the deficient or suppressed secretions and excretions of the lochias. Just as the menstrual derangements exert a morbid reaction upon the female organism, it was thought a like effect had to be ascribed to the lochias, only modified by the quality of the excretion; for, according to Galen, it was taken for granted that the female organism freed itself of deleterious matter by the lochia, possessing, therefore, poisonous properties, and its retention must have a morbid effect. The general opinion was, that its retention or suppression could cause a malignant metritis. We know now, however, by the investigations of Heschl, that the normal involution of the uterus takes place through fatty integration of its muscular fibre—a condition in which these, together with other substances, are emitted in the form of lochia. But if the products of this metamorphosis, which have to be excreted, are retained, they pass within the system into alterations and decompositions by which they affect the blood. But the suppression of the lochias facilitates, also, every deleterious influence from without; for so long as the inner surface secretes, the older secretory products are pushed forward by the new ones, the inner surface of the uterus being yet protected, when the decidual and placental remnants have passed already into decomposition. If, on the contrary, the involution and secretion of the uterus have ceased, the putrid decomposition which has already attacked the decidual and placental remnants may easily pass to the tissue of the uterus, affecting the blood circulating in the vessels, causing thus the resorption of septic and deleterious substances.

Formerly the suppression of the secretion of the milk was considered an important etiological moment. But now this opinion is abandoned, particularly since Kiwisch and others have shown that those women who do not nurse their children are spared from this disease. That the retention of the milk, in consequence of difficult excretion, may produce painful accumulation, mastitis and fever, is acknowledged;

but it is just as certain that the so-called milk fever does not alone depend upon an excessive secretion. A blood infection by the milk materials, a milk crasis, can not be proven, because the milk secretion usually continues in the beginning of the puerperal process, ceasing, frequently, only after the plain appearance of the fever. Moreover, the supposed milk metastasis contains nothing else but the usual exudations, among which, to be sure, fat and milk sugar are really found.

Till now the microscopic examinations did not discover milk in the blood. It is only found that the blood of lying-in women is rich in fat corpuscles, which can easily be distinguished from the white blood corpuscles by treatment with ether. Even suppose that the milk, or the constituent parts of it in the blood are retained there after the suppression of the lacteal secretion, and excreted in other forms of secretion, still it does not give any proof for the connection between milk crasis, or milky excretion, and the puerperal processes; for the deposition of milk constituents at unusual places can not take place as vicarious products, for the reason that those constituents are not present in the blood. Experiments with animals, by Donné, contradict, also, the theory of the development of the puerperal processes out of the retention of the milk constituents in the blood, for after injecting these ingredients, no bad consequences, except a passing dizziness, were observed. If these reasons are sufficient to abandon the opinion of the retention of the milk as a cause of the puerperal processes, we have also to give up the custom existing among physicians and laymen to excite the secretion of the milk, by all possible means, for the purpose of forestalling or preventing the puerperal fever; or, if it has taken place already, to lessen it. If the disease has developed itself, the nursing of the child is, according to our experience, without any benefit; and as it is rather harmful for the child and very annoying to the sick mother, it is better to advise against it.

There are some other causes which combine themselves to produce the disease, although most frequently in the sporadic form, which we must mention. Mental emotions, particularly depressing ones, exert, clearly, a bad influence upon the innervation of the lying-in woman. We have often observed that such mental emotions were the cause of derangement of the childbed, for we often saw, immediately after their deleterious effect, fever with chills, striking alterations in the expression of the face, and in the midst of this, collapse, the symptoms of blood dissolution, with a rapid progress. Even during pregnancy this effect manifested itself in some unmarried females.

In reference to the individuality, it may be granted for certain, that

no period of life, no constitution, no certain manner of life, gives protection against the puerperal processes. During an epidemic, the strongest and healthiest are attacked, as well as the weak and cachectic. Primiparas are attacked in larger numbers than multiparas. Puerperal processes follow frequently after inflammatory diseases during pregnancy, as pleuritis, pneumonia, pericarditis, acute form of Bright's disease. Still, according to our experience, those women are the most subject to the puerperal fever who have already suffered a while before their confinement, of diarrhoea, colic or cholera, but those with intermitting fever rather more seldom. The opinion of Scanzoni, that chronic tuberculosis excludes the puerperal fever, appears not to be well founded; on the contrary, we have observed peritonitis associated with vomica in the lungs. We will here remark that phthisis pulmonalis does not stop in its course during pregnancy; we have observed the reverse too often to believe so. Obstetrical operations may also favor the development of the puerperal fever, if they must be made after long labor, and having caused vulneration of the soft parts.

Errors in diet may also excite the development of the disease, but only in as much as they cause an abdominal hyperæmia, giving thus occasion to inopexia, to stasis and puerperal processes. Disturbances of the digestion retard the biliary secretion, the blood, consequently, not freeing itself sufficiently of the superfluous fibrin, hence the equilibrium between the various elements becoming disturbed. Too high temperature of the room exerts, also, a bad influence, facilitating and quickening putrid decomposition of the puerperal secretions. Suppression of the perspiration, particularly in the first days of childbed, may also produce bad results, as the in general hyperinotic blood has to be brought back to its normal composition by the excretion, and the circulation of the blood not proceeding yet with regularity. Although the transpiration of the parturient woman does not offer, in reference to its nature, any thing characteristic, the suppression of the same by cold may have a bad effect upon the system. Serious consequences have often been observed by it: determination of the blood to inner organs, hyperæmia, stasis, blood coagulation, fever with chills, puerperal processes, even death. (Braun.)

We have thus given, in general outline, the various etiological points of the puerperal processes. We must, in the present state of the science, suppose that they have their origin in a septicæmia, which, in the form of alteration of rapid solution of the blood, attacks the woman already during pregnancy, more frequently yet during labor, or a few days afterward, and which may develop itself primarily in the



blood, or secondarily through resorption of septic or morbid substances transported from the uterus. The solution of the blood may end in death, with or without localization. Notwithstanding the numerous investigations of the true nature of this blood dissolution, it is still shrouded in utter darkness.

---

### Correspondence.

---

CAMP CHASE, O., Oct. 12th, 1861.

MESSRS. EDITORS :—Since coming to this camp—about four weeks ago—I have obtained an insight of “camp-disease,” somewhat different from what is generally known or supposed of it. I have many times read and heard hints of camp-dysentery and camp-fever as being very intractable. I never read any treatise illustrating the predisposing and exciting causes, such as I think they really are.

It appears to me the causes are multiform, and result in just such a condition of the system as should naturally be supposed when a correct view of the proximate condition of typhoid disease is entertained, viz.: Typhoid disease or fever (I do not mean necessarily enteric fever) is a state of diseased action in which the azotized constituents of the system are concerned; that is, the chief elimination takes place in these constituents, the elimination of the carbonized constituents being incidental.

*Causes of Camp Disease.*—At the moment the civilian determines to become a soldier, all his faculties, both mental and physical, are changed from their usual course. From that moment till the recruit becomes settled into the mental and physical habits of a soldier in camp or on the march, the mind and whole nervous system is under intense excitement. He is actuated by an entirely different set of thoughts, hopes, ambitions, regrets and fears, by all of which the physical substructure of the mind is called upon for a different kind and amount of atomic change, or supply and elimination.

The physical habits are similarly perverted; the recruit immediately becomes irregular in all his habits of labor, repose, eating and drinking and temperature, for he leaves off his usual labor, walks about, runs about, lounges about, eats irregular quantities and qualities at irregular times; smokes double or triple his usual amount, drinks oftener and more recklessly, and sleeps anywhere and anyhow,

in clothes or in bed, out or in doors, cold or warm. Thus the muscular and every other part are called upon for a more active atomic change. But few, I think, will escape manifesting more or less symptoms of disease.

The disease in this camp at the present time is manifest in the form of dysentery, diarrhœa, mild continual fever, cancrum oris, boils, carbuncles, auritis, ophthalmia, rheumatism, and a few cases of intermittent. But in nearly all these various diseased conditions the type is distinctly typhoid. I need not describe the various appearances of the tongue minutely, but suffice it that we can see daily tongues of persons on the sick list, as well as those on duty, swollen and sparsely coated with enlarged papillar and red edges; red, glossy, fissured tongues, flat and broad; natural size, with brown coating covering the posterior part and edges, with tip and middle more or less red; palsied tongues, all red, with sparsely speckled brown or white coating, etc., etc., but tremulous in nearly every case. Now observe that these tongues are by no means confined to the few patients in the hospital, but are common to those patients who call every morning. In the Fortieth Regiment we have about twenty calls daily, nearly all of which have tongues as here described; scarcely any of whom are confined to their bed, and but few to their quarters, when the weather is pleasant. From this you will see that we have patients walking about and sometimes on duty who are regularly undergoing typhoid fever,—not necessarily enteric fever. The pulse is generally below one hundred, and weak.

*Treatment.*—I must be as brief on this as on the foregoing. The dysenteries and diarrhœas are not obstinate. When the bowels appear to have been freely evacuated spontaneously, I administer at once a large opiate—not very material what form—and repeat it at every three to six hours till the evacuation is stopped; a few such doses, with light diet, will generally suffice. When the bowels have not been freely evacuated naturally, I give: Tr. opii, M. xxv. to xxx., with ol. ricini, 3 iij.—and after the purging a full opiate. This is the best treatment for most new cases. In this typhoid condition *purging must be done cautiously.*

The slow typhoid fever, which some have for a week or two, I treat chiefly with opium, given at the rate of one or two grains every four to six hours—it does much better than quinine or brandy. The fever comes on slowly, and goes off slowly, and lasts from one to two weeks, the patient going about much of the time. This quality of typhoid fever, like all other idiopathic typhoid fevers, will not terminate until

an amount of elimination has taken place, which is definite to each case. These patients all get well.

Some surgeons in this camp use mercury and astringents in the bowel affections ; I can see no good in this plan.

Those patients who come in with boils and carbuncles generally look robust, and have not had the bowel affection ; to such I give saline cathartics, and they do well.

Ague I treat here as elsewhere, viz.: Abundance of quinine, an occasional purgation of rhubarb and soda, and *no mercury*.

---

### Editor's Table.

---

*The Military Hospital.*—Our readers will have read the accounts in the daily papers of this city in regard to the maltreatment of the sick soldiers, with great surprise. The public mind has been greatly excited, and as usual the abuse of the medical gentleman having the hospital in charge has been proportional to the falsehood of the whole of the charges made. We do not remember two men who have been more unjustly abused, misrepresented and falsified than Surgeon J. J. D. Wright and Assistant-Surgeon Lindsley, who have charge of the hospital. Some two weeks since, two hundred and odd soldiers arrived from Gen. Rosecrans' division without any warning. The hospital was almost full when they arrived, so that for two days every part of the house was very crowded. More than one-half of the two hundred were by no means very sick, and were sent to Camp Dennison, where they are now convalescent. The hospital being crowded, Surgeon Wright sent a large number temporarily to St. John's and the Commercial Hospital. A few days since, another military hospital was opened, to which the patients in the above named hospitals were transferred. Surgeon Wright ordered Dr. McDermont, late Surgeon of the First Regiment, (three months,) and more recently on duty in Virginia, as acting Brigade, Surgeon to the new hospital. We know that the soldiers have been well cared for. So great was the clamor against Drs. Wright and Lindsley, that two committees of citizens investigated the condition of the hospital, and reported that the charges of neglect and cruel treatment were wholly false. Even now in the face of these reports, some of the daily papers and many citizens persist in uttering statements in regard to the bad management of the hospital and the neglect of the soldiers,



which have no foundation in fact. There is reason to believe that there are persons at work in this matter whose object is not that of benevolence to the sick soldiers. We have visited the hospital frequently; and examined the condition of the patients, and feel free to say that the soldiers are well provided for.

No one of our readers need any information from us as to the requirements demanded of those who are admitted into the medical staff of the regular army. Indeed, the examinations for the army and navy are the only examinations in the country. In severity, extent and minuteness, they are as far superior to the ordinary college examinations as any good thing can be superior to a very ordinary one. We say this much as a guarantee of the qualifications of Dr. Lindsley, who has the especial charge of the hospital. As for Dr. Wright, thirty years of service in the army and his responsible position of medical director of this department, is a sufficient attest of his abilities.

While on this subject, we can only express surprise that the Government or the General commanding does not open a hospital at Charleston, Va., so as to avoid the transportation of the sick so great a distance. A hospital is imperatively demanded nearer to the headquarters of the troops. Dr. Wright recommended this measure to the Secretary of War.

Since writing the above, we learn that Dr. Wright has been relieved from duty in this department at his own request, and has been transferred to St. Louis. Dr. W. is a faithful officer of the government, and has done his duty here. A great many persons, both male and female, have already discovered that they have abused him without cause, and altogether have behaved very outrageously to him and Dr. Lindsley.

---

*To our Readers.*—We occupy unusual space with the first article of this number, but made up as it is with the reports of a series of carefully instituted original experiments, we doubt not our readers will thank us for the article, although we are thereby prevented from giving our usual variety. The paper read before the Academy of Medicine on Puerperal Disease is a condensed translation from the German, and embraces a full summary of all that is now known or established in this field of investigation; the pathology and treatment form separate papers, and will follow in regular order. The Cincinnati Academy of Medicine is at present engaged in a warm and interesting discussion of these papers, and we may perhaps hereafter give

an abstract or summary of the debate. Other valued correspondents and contributors must excuse the delay made in the appearance of their papers.

---

*Irritability of the Stomach in Pregnancy.*—A correspondent calls our attention to an “abstract” in our October number, in which he supposes the dose of strychnine recommended would prove a fatal dose. The paragraph in question directs “citrate of iron and strychnia, and sulph. of quinine, of each 12 grs., divided into twelve powders, one to be given every four hours.” The citrate of iron and strychnia is a new salt, containing  $\frac{1}{50}$  of strychnia to the grain. Each dose, therefore, administered every four hours contains  $\frac{1}{50}$  gr., and *not a full grain*, as might appear on a superficial reading of the abstract.

---

*Cincinnati Retreat for the Insane.*—We call the attention of our readers to the advertisement of this Institution, to be found in our advertising sheet. We have known Dr. Mead for several years. He has devoted much time and study to the treatment of the insane. We know of no better institution of the kind in the West, and we feel safe in saying that Dr. Mead is well qualified to treat those who may be placed under his charge. The building and location are among the best of the many situated on the hills overlooking the city.

---

*Non-Inflammable Dresses.*—A recent deplorable accident at a Philadelphia theatre, by which the death of several young ladies resulted, has been made the subject of general newspaper notice; and in several of our medical exchanges we observe the question of the chemical preparation of light muslin fabrics so as to prevent these horrible accidents, is again made a matter of discussion. There is no longer any doubt as to the effect of certain solutions upon these structures, and their practical application becomes not only a matter of interest to young ladies who expect to appear before the foot-lights of the stage, but to every one. We clip from the *Philadelphia Medical News* the following paragraphs taken from the *Medical Times and Gazette*:

It is said (*Medical Times and Gazette*, Aug. 3, 1861,) that “the most delicate white cambric handkerchief, or fleecy gauze, or the finest lace, may, by simple soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing.” Dr. Odling tells us that:

“The various means proposed for rendering textile fabrics non-inflammable were carefully investigated a short time back by two well-known chemists, Messrs. Versmann and Oppenheim. An

account of their experiments was read at the Aberdeen meeting of the British Association in 1859, and was afterwards published in the *Journal of the Society of Arts*, and in a separate form by Trübner and Co., of Paternoster-row.

"They showed that linen and cotton goods dried after immersion in a solution of one or other of several salts, possessed the property of non-inflammability, and that the best results were obtained with a solution of sulphate of ammonia, or of tungstate of soda, neither of which liquids produced any injurious effect upon the tissue or color of the fabric. The tungstate of soda solution was found most applicable to laundry purposes, on account of its not interfering in any way with the process of ironing.

"Muslins, etc., steeped in a 7-per-cent. solution of sulphate of ammonia, or a 20-per-cent. solution of tungstate of soda, and then dried, may be held in a flame of a candle or gas-lamp without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and consequently the burning state does not spread to the rest of the material."

---

*New Books.*—We have received from the publishers, the Messrs. S. S. & W. Wood, of New York, Bedford's *Principles and Practice of Obstetrics*. We have only had time to glance over this book after a hasty sort of manner, but our prepossessions in its favor are very decided. We doubt not it will meet with the favor which was so cordially given the work on Diseases of Women and Children, by the same author.

Also from Messrs. Lindsay & Blakiston, of Philadelphia, a new edition of Taylor's *Medical Jurisprudence*, edited by Dr. Hartshorne.

From W. A. Townsend, of New York, we have received the *Physician's Hand Book of Practice for 1862*. This is becoming pretty well known to the profession, and in some respects is the most elaborate and complete little hand-book we know of. It will soon be time to select a pocket memorandum for the new year, and we can commend this to the favorable notice of those interested. The price is \$1.25. Morocco tuck binding and gilt.

We notice Robt. M. Dewitt, of New York, has just issued a translation of Scanzoni's Diseases of Women, edited by Dr. Gardner. We have not seen this book, but it must certainly prove an important addition to the medical literature of the day.

---

*Jefferson Medical College.*—We learn that Dr. W. V. Keating, elected last year as successor to Dr. Meigs in the chair of Obstetrics in the Jefferson Medical College of Philadelphia, has been obliged to tender his resignation on account of ill health. Prof. Meigs will deliver the course the ensuing session.



### Army Intelligence.

---

*Information and Correspondence* of army news, and of all matters that can prove of interest in these exciting times to our readers, is earnestly solicited. We hope to hear from surgeons on duty reports of their experience in actual service. Friends at home continually think of those in the field, and we trust those in the field will not forget us at home.

---

*Medical Appointments in the Ohio Regiments.*—The following appointments have been recently made by the Governor :

*Surgeons.*—Thomas McFadden, Westerville, Forty-sixth Regiment ; R. Worth, Gilboa, First Cavalry ; W. M. King, Fredericktown, Fifty-fifth Regiment ; H. O. Muck, Mansfield, Fifty-seventh Regiment ; Samuel Hart, Marietta, Sixty-third Regiment ; C. Chenck, Cleveland, Thirty-seventh Regiment ; R. Shallen, Columbus, Fifty-eighth Regiment ; A. H. Stephens, Camden, Forty-fifth Regiment ; S. T. Forbes, Toledo, Fiftieth Regiment ; I. F. Kenig, Plymouth, Fifty-sixth Regiment ; Enoch Pearce, Steubenville, Sixty-first Regiment ; L. A. Hamilton, Chardon, Sixty-second Regiment ; M. C. Woodworth, Warren, Fifty-first Regiment ; W. M. Cake, Fostoria, Fifty-third Regiment ; J. P. Haggott, Eaton, Sixty-fourth Regiment ; John G. Kyle, Xenia, Sixty-fifth Regiment ; C. T. Brent, Cincinnati, Fifty-fourth Regiment ; M. T. Carey, Cincinnati, Forty-eighth Regiment ; M. Hogan, Fort Washington, Fifty-first Regiment ; J. C. Swartzwelder, Ironton, First Artillery ; F. Hunthale, Massillon, Nineteenth Regiment ; W. L. Schenck, Franklin, Seventeenth Regiment.

*Assistant-Surgeons.*—J. P. Bing, Pomeroy, Fifty-third Regiment ; G. C. Norton, Decatur, Forty-sixth Regiment ; T. L. Neal, Decatur, Forty-fifth Regiment ; J. W. Harman, Chagrin, Forty-second Regiment ; M. H. Haynes, Seven Mile, Sixty-third Regiment ; B. F. Benkley, Rainer's Mills, Sixty-fourth Regiment ; S. F. Selby, Collamer, Third Cavalry ; Jacob Laisey, Cleveland, Sixty-second Regiment ; C. Sælheim, Cincinnati, Ninth Regiment ; B. N. Fayler, Bucyrus, Nineteenth Regiment ; Sylvester Burroughs, Geneva, Twenty-ninth Regiment ; A. T. Johnson, New Vienna, Twenty-second Regiment ; J. C. Kalb, Losedale, Fortieth Regiment ; A. L. Vail, Cincinnati, Forty-Third Regiment ; M. C. H. Kendall, Bucyrus, Forty-eighth Regiment ; John Hill, Seneca ville, Fiftieth Regiment ; W. S. Moor, Felicity, Fifty-second Regiment ; M. Hoge, Cambridge,

Fifty-fourth Regiment ; E. Sinnett, Granville, Seventeenth Regiment ; H. B. Johnson, Richfield, Fifty-fifth Regiment ; W. C. Payne, Elmore, Fifty-sixth Regiment ; H. R. Spooner, Republic, Fifty-seventh Regiment ; John Canan, Camden, First Cavalry ; S. L. Harper, Cincinnati, Sixty-fifth Regiment.

---

*Dr. J. R. Monroe*, of Seymour, Indiana, has suspended his editorial duties on the tripod of the *Times*, and gone into service. The appointment of Dr. Monroe as Surgeon to one of the Indiana Regiments is a capital one.

---

*Brigade Surgeons.*—Prof. G. C. Blackman has been appointed a Brigade Surgeon, and for the present is assigned to the staff of Gen. Mitchell in this city. The following gentlemen having passed the Army Medical Board at Washington, have been commissioned Brigade Surgeons: W. H. Mussey, Cincinnati ; C. W. Jones, Geo. Burr, W. M. Chamberlain, Robert Roskoton, S. L. Pancoast, F. H. Gross, J. C. Kennon, Z. F. Azpell, S. S. Cox, J. G. Grant, C. B. Chapman, F. W. Burke.

---

— Dr. W. A. Bradley, Iowa, has been appointed Assistant-Surgeon in the Regular Army.

---

*Recommendations of State Medical Board.*—To his Excellency, W. Dennison, Governor of Ohio: As the result of examinations, duly held, we approve, and hereby present for your consideration, as candidates for Surgeons and Surgeons' Mates in the United States volunteer service, the following named persons :

*Surgeons.* — Robert Fletcher, M.D., Cincinnati ; Bernard Krause, M.D., Cleveland ; A. R. Jones, M.D., Portsmouth ; C. R. Pierce, M.D., Akron ; Henry Spillman, M.D., Medina ; Isaac Train, M.D., Pomeroy ; M. C. Cuykendall, M.D., Bucyrus ; T. M. Ebright, M.D., Millersburg, Holmes County ; E. B. Harrison, M.D., Napoleon ; J. D. Potter, M.D., Winchester, Franklin County ; M. Litzenberg, M.D., College Hill, Hamilton County ; S. C. Mendenhall, M.D., Frazersburg, Muskingum County ; David Baguley, M.D., Wellesville ; J. N. Beach, M.D., West Jefferson, Madison County ; Jonas P. Safford, M.D., Chillicothe ; A. T. Markle, M.D., Winterville, Jefferson County ; W. F. Dean, M.D., Milan, Erie County ; J. W. Greene, M.D., Fairfield, Greene County ; James S. Reeves, M.D., McConnellsville ; H. Senseman, M.D., Tremont, Clark County ; Wm. Arnold, M.D., Roscoe ; Christian Forster, M.D., Hamilton County ;

W. H. Phillips, M.D., Kenton ; C. A. Hoagland, M.D., Troy, Miami County ; A. C. McChesney, M.D., Batavia, Clermont County ; James P. Alcorn, M.D., Ravenna, Portage County ; W. Morrow Beach, M.D., Lafayette, Madison County ; Chas. H. Hood, M.D., Dresden ; R. G. McLean, M.D., Lockburn, Franklin County ; D. S. Hall, M.D., Ashtabula ; L. Slusser, M.D., Canton, Stark County ; A. M. Munson, M.D., Kenton.

*Mates.*—C. R. Reed, M.D., Middleport, Meigs County ; Byron Stanton, M.D., Salem, Columbiana County ; George Liggett, M.D., Nashville, Holmes County ; Isaac N. Hines, M.D., Chillicothe ; C. T. Wilber, M.D., Marietta ; P. Cook, M.D., Marietta ; W. T. Ride-nour, M.D., Smithville, Wayne County ; James Westfall, M.D., Augusta, Carroll County ; F. M. Rose, M.D., West Rushville, Fairfield County ; J. R. Weirst, M.D., New Paris, Preble County ; Amos Potter, M.D., Greenville, Darke County ; A. B. Monahan, M.D., Athens County ; J. L. Morris, M.D., Springfield Cross Roads, Erie County, Pa. ; B. S. Chase, M.D., Akron ; James D. Webb, M.D., Cincinnati ; I. B. Laird, M.D., Tiffin ; W. M. Kaul, M.D., Tiffin ; H. P. Fricker, M.D., Jefferson, Ashtabula County ; A. C. McNutt, M.D., New Washington, Crawford County ; Joseph Richardson, M.D., Cincinnati ; Thomas B. Hood, M.D., Newark ; Thomas J. Haynes, M.D., Darby Creek, Madison County ; E. Pierson Eber-sole, M.D., Lewisburg, Preble County ; D. A. Dwyer, M.D., New Petersburg, Highland County ; W. B. Shaffer, M.D., Delaware ; C. L. Wilson, M.D., Lee, Athens County ; L. Woodruff, M.D., Alton, Franklin County ; B. E. Stevens, M.D., Miami ; N. Cole, M.D., Etna, Licking County ; H. P. Anderson, M.D., Richland County ; Eugene Ringler, M.D., Tiffin ; Homer C. Shaw, M.D., Lancaster ; J. C. Marr, M.D., Colebrook, Ashtabula County ; James Sprague, M.D., Vienna Cross Roads, Clarke County ; O. J. Hall, M.D., Franklin Furnace, Scioto County ; John C. Gill, M.D., Cleveland ; J. W. Lewis, M.D., Lancaster ; J. W. Brock, M.D., North Leesburg, Champaign County ; Samuel H. Lee, M.D., Coshocton ; Henry Manfred, M.D., Covington, Ky. ; William H. Cram, M.D., Hyatts-ville, Miami County.

We furthermore recommend for promotion, Charles H. Swain, M.D., now Surgeon's Mate to the Twelfth Regiment.

Respectfully submitted,

WILLIAM M. AWL,  
S. M. SMITH,  
J. W. HAMILTON.

*Columbus, Ohio, Oct. 21, 1861.*



## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

## PRACTICAL MEDICINE.

1. *Ice Water in Croup*.—Dr. J. A. McFarland, of Tiffin, O., calls attention to the good effects of ice water applied externally in all croupal affections. He uses folds of muslin or linen, large enough to cover the whole throat and upper part of the sternum. The wet cloth, wrung just enough to prevent dripping, ought to be well covered with several thicknesses of dry flannel, and then both should be secured with a small handkerchief. These applications, renewed from time to time, are continued till the disease is thoroughly subdued. Occasionally, ipecac and alum as emetics, enemata, castor-oil, calomel, the warm-bath, anodynes, solution of nitrate of silver, may be used besides; even in severe cases, however, ice water alone can be relied on.—*Columbus Review*.

2. *How to Prevent the Decay of Human Teeth*.—Medicines but rarely injure the teeth; but few medicines can injure them. A very common cause of their decay is an acid condition of the secretions of the mouth, resulting from sickness. Dr. A. Robertson, of Wheeling, Va., therefore proposes two rules:

1. Whenever a patient comes under the care of a physician, he should satisfy himself by suitable tests, of which litmus paper is perhaps the most convenient, whether the secretions of the mouth are acid, and if so, take care to protect the teeth and other parts from its injurious effects while that condition lasts, by prescribing the frequent use of such antacid, or stimulating gargles, or washes, as shall most effectually counteract or prevent its action on the teeth, as well as to direct that they be kept as free as possible from all accumulations as might, by neglect, ferment and become acid in the mouth.

2. When acids, or salts whose acids have stronger affinities for lime than for their own constituents, are exhibited, they should be taken through tubes, so as to prevent their contact with the teeth, or should be immediately followed by some antacid wash—e. g., a solution of the carbonate of soda.—*Amer. Med. Monthly*.

3. *Asphyxia from Chloroform*.—In all cases where the breathing ceases during the inhalation of chloroform, Dr. D. Price, of Jacksonville, declares the one thing needful to be: to secure a *speedy* entrance of air into the lung. The speediest method to secure this is that of Marshal Hall, turning the patient over, to and fro. Therefore this method should in all cases be first resorted to, and that immediately upon the cessation of inspiration, at whatever inconvenience. If the patient is in the sitting posture, he should be immediately thrown upon the floor and rolled over. All other restoratives can be dispensed with, except those which may be resorted to at the same time. The

patient, for instance, may be slapped upon the back and cold water be dashed upon the face, at the same time that the rotations are practiced.  
—*Chicago Medical Examiner*.

4. *Treatment of Delirium Tremens*.—Dr. J. A. Thacker lays down the following rules: If the delirium is great and there are other symptoms of much cerebral irritation, free cupping at the back of the neck should be instituted. It has even been employed with success when the pulse was rapid and rather flagging, and all other means had failed, and is often alone sufficient to procure sleep. The cold shower-bath is often followed by a like result. Opium should be used with great caution. It may be good, alone or conjoined with anti-spasmodics, in slight cases, where excessive watchfulness is the only symptom. Chloroform is a dangerous remedy. Stimulants may be exhibited, if indicated.—*Cincinnati Med. and Surg. News*.

5. *Ergot in Spermatorrhœa, etc.*—In a paper read before the King's County Medical Society, N. Y., Dr. C. L. Mitchell gave the details of several cases of seminal emissions and priapism, all of which yielded readily, and with all concomitant symptoms, to the internal exhibition of ergot, from thirty to sixty grains daily, sometimes combined with camphor or quinine, according to circumstances. For ten years past, Dr. Mitchell has used no other remedy for spermatorrhœa; he thinks his favorite might also prove of value in irritation and congestion of the male genital organs.—*Amer. Med. Monthly*.

6. *Gelsemin in Spermatorrhœa*.—A physician, who was badly afflicted with spermatorrhœa and had nearly despaired of finding relief, tried gelsemin. With four doses of it the emissions ceased; under a continued use of the medicine the appetite returned, the peculiar cadaverous hue of the face yielded to a more healthy color, and he soon found himself completely cured.—*Amer. Journ. of Indig. Mat. Med.*

7. *Neuralgia of the Fifth Pair*.—In a clinical lecture upon facial neuralgia, Prof. E. Andrews gave the following directions in regard to treatment: First remove the constitutional diathesis (rheumatic, syphilitic, malarious, etc.,) upon which the local constriction depends. If this does not suffice, surgical interference is to be resorted to. Subcutaneous injection of the sulphate of morphine or atropine over the seat of constriction results often in a permanent cure after a few repetitions. The solution must be prepared of such strength that the syringe will hold the required dose of the narcotic, which is the same as when given by the stomach. The proper place of introduction is a spot near the foramen which is the seat of structure. This spot, being sharply pressed upon by any small hard object causes an aggravation of the neuralgic pain. Where this method fails, no remedy is left but extirpation of a portion of the nerve. The excised portion must, if possible, exceed half an inch in length, and is to be taken from the proximal side of the constricting foramen. If the mental foramen of the inferior maxilla be the offending spot, operate at the angle of the jaw, by dissecting up the soft tissues, applying a large trephine upwards and forwards from the angle, cutting through the external table,

prying out the button with an elevator, and dissecting the nerve out. If the fault is at the infra-orbital foramen, a flap must be raised from the cheek as high as the edge of the orbit and a trephine applied to the front of the antrum Highmori. The button of bone being removed, the bony ridge concealing the nerve is broken down with some suitable instrument, and the nerve itself dissected out. For excision of the supra-orbital nerve no operation upon the bone is necessary.—*Chicago Medical Examiner.*

8. *Constipation.*—Dr. J. C. Batdorf saw a child fearfully emaciated, weighing at seven months and a half, only six pounds, three pounds less than at birth. It had been treated almost its entire lifetime by eclectic practitioners with large doses of calomel, castor-oil, etc., on account of constipation. Dr. Batdorf could not detect any organic lesion. Salivary and urinary secretions active, tongue moist and clean, appetite pretty good, stomach digesting well. Regarding the case as one of simple constipation, the result of excessive absorption of intestinal liquids and a want of normal activity in the mucous secretions of the bowels, Dr. B. prescribed: Extr. sarsa., one and a half scruple; boiling water, two ounces; syrup of ipecac., two drachms; bichloride of mercury, three grains; simple syrup, two ounces. A teaspoonful to be taken three times daily. The bowels to be kept open with castor oil, if necessary. In two weeks, the mixture alone kept the bowels open; in two weeks more the doses had to be reduced one-half, and in seven weeks the medicine was discontinued entirely, the discharges being rather too frequent, while the child improved rapidly in flesh and appearance.

The constipation so often attending pregnant females is, in many instances, owing to the same pathological condition, and requires a similar treatment.—*Chicago Med. Journ.*

---

## SURGICAL.

9. *Matico in Blennorrhœa.*—Matico, or piper angustifolium, has been long used in Peru in cases of old and chronic runnings, and since its introduction into France by Mr. Dorvault in 1851, it has also been administered in decoctions in Europe. The essential oil, to which the medical properties of the plant are due, has received little attention. By dint of essaying and experiment, Drs. Grimault and Favrot obtained a preparation of it, which the last named pronounces perfect. They combine one hundred grains of the balsam of copaiba and five grains of the essence of matico, with a sufficient quantity of magnesia to make one hundred pills, which are coated with gluten upon Raquin's process. Each of these pills contains one grain of the balsam of copaiba and one-twentieth of a grain of the essential oil. They are said never to occasion eructations. Having treated acute and chronic runnings with this preparation for nearly four years, Dr. Favrot declares himself at present strictly certain of its efficacy. In acute cases, injections only are used of a distilled maticc-water, prepared, according to Grimault, by macerating one pound of the leaves



in two pounds of cold water for twenty-four hours, and then distilling with water enough to obtain one thousand parts. (!) Sub-acute or chronic runnings require the injection combined with the capsules. This, of course, applies only to blennorrhœa not dependent upon contraction, or affection of the prostrate gland, etc. Excellent results have also been obtained from the use of these capsules in chronic leucorrhœa. Here they may be combined with a lint or cotton dossil, rolled in pulverized matico and applied directly to the parts.—*L'Union Médicale; Amer. Druggist's Circ.*

10. *Water of Copaiba in Blennorrhœa.*—Dr. Langlebert employs the water distilled from copaiba, in combination with astringents, as injection principally, though he also claims anti-blennorrhagic action for its internal use, to about six ounces per day, flavored with cherry-laurel water. The injections are composed of one hundred grammes of the distilled water with either from thirty to forty centigrammes of sulphate of zinc and one gramme of the tincture of catechu, or, instead of the latter, ten centigrammes of nitrate of silver, or four grammes of oxyd of zinc, or one gramme of tannin or extract of catechu.—*Amer. Druggist's Circ., from Gaz. des Hôp.*

11. *Treatment of Gonorrhœa.*—Dr. A. Webb, of North Mount Pleasant, Miss., recommends the following prescriptions as invaluable. Take solid extract of buchu, solid copaiba, white turpentine, of each one drachm; powdered cubebæ q. s. Mix and divide into pills of four grains, one to be taken three times a day. A very effective treatment is also this: take bals. copaib., sweet spts. nitr., comp. spts. lavender, lime water, of each one ounce; acacia gum, one drachm; sugar, two drachms. Mix and give a teaspoonful in a tablespoonful of a compound tincture of buchu, prepared from buchu leaves, half an ounce; gentian root, cardamon seeds, of each two drachms; whisky, two pints.—*Nashville Journ. of Medic. and Surg.*

12. *Treatment of Gonorrhœa.*—A hospital surgeon of Philadelphia, among other hints and observations on military hygiene, etc., details the treatment of gonorrhœa as follows: Maintain an open discharge from the bowels. Fomentations of hot water applied every fifteen or twenty minutes; on removal, the parts to be covered with a single thickness of soft linen. The patient restricted to a low diet, with entire bodily repose. Injections of nitrate of silver, ten grains to the ounce of rose-water. The bladder should be emptied immediately before the solution is employed; a glass syringe should be used. One drachm of the solution will be enough. As soon as the operation is completed, let the patient recline on a bed or sofa, and have warm fomentations applied to the parts for two or three hours. If the secretion still continue, and exhibit a puriform character, on the next day, the injection is repeated. If that fails, resort to a solution of three or four grains, repeated three or four times in twenty-four hours, and retained three or four minutes by pressing upon the orifice of the urethra. The point of the syringe should be inserted to the distance of an inch. If the discharge has existed more than a day

and a night before the patient applies for relief, it will be too late to make trial of the revulsive method.

*R* Copaiba, three fl. ounces ; spts. æth. nitr., half a fl. ounce ; tinct. kino, half an ounce ; mist. camphoræ, two fl. ounces ; morphinæ sulph., five grains. Mix. A teaspoonful to be taken three times a day.

Those who can not use the liquid balsam, may take the capsules of copaiba and extract or oil of cubebs, which are more efficient than those of copaiba alone.

W. Acton's favorite prescription is : *R* Copaiba, six drachms ; magnes. calc., one and a half drachm ; extr. hyoscyami, half a drachm ; pulv. camphoræ, one drachm ; theriacæ, three drachms ; micæ panis, one and a half ounce. *M. F.* electuarius. Dose : One drachm three times a day. It must be continued ten or twelve days after the blennorrhagia has entirely ceased, injections being used as adjuncts.

Another formula is : powdered cubebs, eight ounces ; powdered cinnamon, one ounce ; alum, one ounce. Mix and divide into thirty-two powders, one of which is to be taken three times a day. In conjunction with this, an injection may be employed of rose-water, six fl. ounces, holding in solution three grains each of acetate of lead and sulphate of zinc.

In gleet, blister by cantharidal collodion applied by means of a camel's hair pencil along the whole length of the canal, except two or three lines at the orifice, and use weak injections—for instance, twenty drops of nitric acid to eight fl. ounces of water.—*Medical and Surgical Reporter*.

13. *Subnitrate of Bismuth in Gonorrhœa*.—Dr. Mouslon confirms, in the *Recueil de Mém. de Méd. Milit.*, the good account given by Caby of the efficacy of this treatment. He mixes twenty parts of well washed bismuth in two hundred parts of water, throws some of this into the urethra and has it there retained for ten minutes, a local emollient bath having been employed previously. In only the severest cases is the patient obliged to maintain absolute rest for four or five days, after which he is enabled to return to his ordinary habits and diet. A cure is said to take place more quickly than under the use of any other agent. In chronic gonorrhœa success is less marked and astringent injections may be afterwards required. In confirmed and obstinate gleet, occurring in a broken constitution, bismuth is of no use.—*Med. Times and Gazette*.

---

#### SOME NEW FORMULÆ.

12. *Elixir of the Valerianate of Ammonia*.—By Tr. H. K. Enos : *R*. Valerianic acid, one fluid drachm ; carbonate of ammonia, q. s. to neutralize the acid ; alcohol, one fluid ounce ; simple syrup, one fluid ounce ; extract of orange peel, two fluid drachms ; orange flower water, half a fluid ounce ; distilled water, q. s. to make four fluid ounces. Dilute the acid with about four fluid drachms of water, neutralize with the ammonia, add the alcohol holding the aromatic extract in solution,

then the syrup and orange flower water, and finally filter. Any inert coloring may be added. Each fluid drachm contains two grains of the salt.—*Jour. and Trans. Maryland College of Pharm.*

15. *Mixture for Asthma*.—By J. Sims & Son, Wilmington: R. Iodide of potassium, half an ounce; fluid extract of lobelia, one drachm; water, fifteen drachms. Mix. A tablespoonful three times a day.—*Amer. Druggists' Circular.*

16. *Embrocation for Inflamed Breasts*.—By Dr. E. M. Hale: R. Fluid extract of aconite, one-half ounce; fluid extract of phytolacca, one ounce; iodide of potassium, one drachm; warm water, one pint. Apply constantly by means of linen compresses.—*Jour. Mat. Med.*

17. *Syrup of Sulphate of Magnesia*.—By M. Didelot: R. Sulphate of magnesia, 150 grammes; water, 500 grammes; sugar, 1,000 grammes. To the cold syrup add a few drops of tincture of anis.—*Jour. Mat. Med.*; from *Répert. de Pharm.*

18. *Chromate of Potassa in Warts*.—M. Blaschko recommends an ointment containing one grain and a half of the chromate to one ounce of lard, rubbed in night and morning, as a certain remedy even in very inveterate cases.—*St. Louis Med. and Surg. Jour.*

19. *Sobrier's Powder for chronic Coryza*.—R. Subnitrate of bismuth, four grammes; powdered liquorice, eight grammes; iodide of sulphur, thirty centigrammes. To be used as snuff; ten, twelve pinches or more during the day.—*Bull. Gén. de Thér.; Brit. and For. Med.-Chir. Rev.*

20. *Mixture for Neuralgia*.—Dr. C. McLean, of Baltimore, recommends the following formula for neuralgia of the head and face: R. Extract of belladonna, four grains; aqua ammonia, six fluid ounces; spirits turpentine, half a fluid ounce; tincture of opium, two fluid ounces; olive oil, half an ounce; Mix. Apply during the paroxysms.—*Jour. Mat. Med.*

21. *Oliver Plaster*.—Singularly enough baptized after Robert Oliver, Esq., of Baltimore, who was the first sufferer from rheumatism that had the plaster applied. It is an invention of W. S. Love, pharmacist. R. Pic. Burgund., libram unam; terebinth., libram semis; styracis purif., unciam unam; galbani præpar., uncias quatuor; ext. belladonna, uncias quatuor; picis liquid., unciam unam; pulv. opii, uncias duas; pulv. capsici, unciam semis; tart. ant. et pot., drachmas duas; ol. menthæ sat., unciam unam; ferri subcarbon., drachmas quatuor. A rather queer mixtum compositum!—*Druggist.*

22. *Pills for Chorea*.—Dr. Caradec prescribes: Camphor, twelve grammes; assafoetida, twelve grammes; extract of belladonna, four grammes; aqueous extract of opium, one gramme; syrup of gum, q. s. Make 120 pills; give one of them every morning before breakfast, for three days, then increase to two pills daily to the seventh day. If no improvement is perceptible, increase to four pills for three or four days, and as the disease yields, reduce the dose.—*Jour. Mat. Med.*, from *Jour. de Pharm. et de Chim.*



23. *Pills of Carbonate of Ammonia*.—Recommended by Dr. J. Williams, of Cork, in cases of chronic bronchitis, especially where the bronchial secretion is viscid and expectorated with difficulty. R. Ammoniac, two grains; pulv. ipecac., half a grain; muriate of morphine, one-sixth grain; carbon. of ammonia, two grains; mucilage of gum arabic, q. s. to make one pill. These pills should be at once coated with a varnish of balsam of tolu, dissolved in chloroform, and they should afterwards be kept in a bottle.—*Lon. Pharm. Jour.*; *N. A. Med.-Chir. Rev.*

24. *Tonic for Dyspepsia*.—R. Tinc. cinch., tinc. quassia, of each two fluid ounces; tinc. nucis vom., one fluid drachm. Mix. A teaspoonful three times a day in a wineglassful of sweetened water.—*Louisville Med. News.*

25. *Electuary for Rheumatism*.—By J. C. C. Blackburn, M.D., of Morgan, Calhoun county, Ga.: R. Pulv. cinchona, two drachms; pulv. gum guaiacum, one drachm; cream tartar, one ounce; flowers sulph., four drachms; pulv. ginger (or African pepper), one drachm; syrup, q. s. Dose, one teaspoonful three times a day, or enough to keep the bowels gently open. It has been advantageously employed in chronic rheumatism and amenorrhœa.—*Jour. Mat. Med.*

## OHIO STATE MEDICAL SOCIETY.

THE following Committees were appointed by the President to report to the next meeting of the Ohio State Medical Society, to be held at the Ohio White Sulphur Springs, on the *Third Tuesday of June, 1862.*

T. B. WILLIAMS, } *Secretaries.*  
W. W. DAWSON, }

### STANDING COMMITTEES.

*Executive*.—H. S. Conklin, W. W. Bridge, S. P. Hunt, L. W. Moe, A. J. Longfellow.

*Finance*.—W. P. Kincaid, G. W. Boerstler, C. P. Landon, W. H. Reeves, E. Sinnett.

*Publication*.—W. W. Dawson, T. B. Williams, Charles Woodward, A. V. Patterson, R. L. Sweeney.

*Medical Ethics*.—I. S. Dodge, P. Beeman, H. Culbertson, B. S. Brown, T. W. Gordon.

*Medical Societies*.—R. Wallace, J. W. Snodgrass, T. A. Reamy, E. Gaston, M. Dawson.

### SPECIAL COMMITTEES.

*Surgery*.—G. L. Blackman, W. S. McMillen, C. McDermott.

*Medical Literature*.—J. C. Reeves, T. G. Armor, D. S. Gans.

*Obstetrics*.—J. D. Cotton, G. W. Boerstler, A. E. Wigton.

*Microscope*.—G. E. C. Weber.

*Uterine Disease*.—G. W. Boerstler, W. H. Reeves.

*Practice*.—John A. Murphy, C. P. Landon, J. P. Hoggett.

*Obstetrical Surgery*.—M. B. Wright, A. Wilson.

*Obituaries*.—H. Culbertson, Charles Woodward, A. F. Matson.

*Diphtheria*.—W. W. Dawson, D. Noble, S. Hart, M. L. Brooks, E. D. Bowers.

*Insanity*.—R. Gundry.

*Prize Essays*.—M. B. Wright, S. G. Armor, R. Rodgers.

THE  
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., J. A. MURPHY, M.D., AND G. C. E. WEBER, M.D.

Vol. 1V.

DECEMBER, 1861.

No. 12.

Original Communications.

ARTICLE I.

Obstetrical Cases.

BY SAMUEL WILLEY, M.D., ST. PAUL, MINNESOTA.

ON Saturday P. M., April 20th, 1861, a young married woman, strong and in exuberant health, advanced six months in pregnancy, rode thirty-two miles in a stage-coach to this city to make purchases. Upon alighting at the hotel, she felt something give way, accompanied with an immediate but slight gush of water. She at once walked about half-a-mile to my office, where I informed her upon investigation that she would inevitably miscarry, and had better remain quiet until it was over.

Notwithstanding the constant dribbling of the liquor amnii, and occasional slight pains, she attended church the next day, took her breakfast at the hotel table Monday morning, and was delivered, after two sharp pains at 11 o'clock A. M., of a very large still-born child, with the cord and placenta attached, which graces our museum, without a teaspoonful of hæmorrhage. Up and about the next day, scarcely a tinge of lochia. Upon examination, the uterus was of natural temperature, neck well closed and firm, and the body of the size common about a month after delivery. On Wednesday, rode home. Six weeks afterward she called upon me in fine health, menstruation just over naturally, and had suffered not a moment's inconvenience. Any lochia, farther than a *mere moisture* on the day preceding delivery, never occurred.

—August 11th.—Called in haste to see an Irish woman, aged forty, supposed to be dying from hæmorrhage. Had been delivered of

a still-born child sixteen months before ; regular, but never well, until seven months since, when the catamenia ceased, and from the nausea, enlarged breasts, etc., supposed herself pregnant. Such too had been the opinion of the quack who had attended her now during a month's profuse bleeding, and who had, the day before, assured her he could feel the child's head. Detected a bunch of hydatids at the os uteri, passed my hand gently by, gradually dilating the neck, detached a placental-like mass firmly attached to the right posterior portion of the uterus, near the fundus, and brought the contents slowly down, the womb contracting well upon the hand, under the use of concentrated tincture of ergot. Weight of hydatids, after macerating two days, preparatory to putting into jar, nine pounds. Woman suffered severely with after-pains, but is slowly recovering from the exhaustion.

—July 17th, 1861.—Mrs. L., a tall, finely-formed American woman, aged thirty-eight, called at my office for advice. *Appearance* : That of a female during the latter months of pregnancy, with incipient general anasarca. Stated that the last menstrual period appeared about the last of the previous April ; that she had concluded from its non-appearance in May the change of life was occurring, and felt no apprehension, even when the lower limbs became dropsical, until the abdomen enlarged so rapidly and greatly as to induce dyspnœa and cough upon reclining. Had been confined three times ; the last time, six years since, with twins, both living. Never miscarried. *Condition* : General œdema, skin dry, tongue heavily coated, respiration 24 per minute, pulse 118. Abdomen greatly enlarged ; uterus well out of the pelvis, and enlarged nearly to size of full term ; uterine neck as at the seventh month. Ballottement unequivocally indicating pregnancy. No placental murmur, or foetal circulation heard, upon careful auscultation. Urine slightly albuminous. Prescribed the ordinary medicines for her dropsical state, and directed to be advised of increase of urgent symptoms.

July 23rd.—Less swelling of lower extremities, more of upper, some swelling of labia ; urine more free, but still containing albumen ; increase of dyspnœa and cough ; had better appetite and felt better when not lying down.

August 14th.—These symptoms increasing alarmingly, in spite of free action upon the bowels, kidneys and skin, with generous diet and mineral tonics, I passed a large bougie well within the neck of the womb, without rupturing the membranes, and withdrew it. The next day allowed the bougie to remain two hours. The following day, six hours.



August 18th.—The os uteri being sufficiently dilatable, although the pains were irregular and weak, I ruptured the membrane, and relieved her of a foetus of about four months, and, as the uterine tumor was scarcely lessened, passed my hand along the cord, which remained intact; felt the feet of another child through its investments; ruptured, and delivered that—healthy, and of same size with the other. The separate placentæ were then easily delivered, and all the attachments being entire, make a fine preparation. The uterus still remaining as large as it ordinarily is at the third month of utero-gestation, I inserted my hand and found at the fundus another membrane, filled with fluid, which, upon being ruptured, discharged about two quarts of apparently amniotic liquor. The sac bore an exact resemblance to the chorion and amnion, but no vestige of blighted ovum or remains of placental attachment could be found. Uterus contracted well, lochia natural, and recovery complete and rapid in every respect.

She and her *twin-sister* both inform me that the family is rather remarkable for plurality of births: her sister has one pair, her mother had two pairs, her aunt one pair, and her grand-mother, on mother's side, two pairs.

---

ARTICLE II.

**Case of Ununited Fracture of the Lower Third of the Femur**

CURED BY THE USE OF SILVER LIGATURES.

BY E. S. COOPER, A.M., M.D.,

Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific,  
San Francisco, California.

*Case.*—Mr. J. M., æt. 30, a native of the United States, was admitted into the Pacific Clinical Infirmary December 20th, 1857, in consequence of ununited fracture of the femur through the place of attachment of the abductor magnus muscle. The fracture occurred three years previously, by the patient being thrown out of a carriage while the horses were running away. The fracture was compound comminuted, and the patient suffered much in consequence of violent inflammation, together with burrowing of purulent matter, for several months after the injury. These symptoms finally subsiding, however, he enjoyed good health, and moved about freely upon crutches, though unable to use the limb to any useful extent in walking. The substance attaching the ends of the bone to each other was so soft that the thigh would bend considerably at that point.

*Operation.*—The patient being placed upon his back, an incision

ten inches long was made on the outer side of the thigh, down to the bone. A bone chisel was then taken, and the bone decorticated for an inch on either side of the point of fracture, including a considerable portion of the attachment of the abductor magnus muscle. The adventitious formation between the ends of the bone was then removed, after which the lower part of the thigh could be made to bend at right angles with the upper, which gave a clear view of the parts entering into the ununited fracture. Several pieces of fractured bone were found, some of which were entirely detached, while others were adherent to the periosteum. The first were perfectly white as bleached bone, the second, of which there were three, had a very different appearance. They resembled the cancellated structure of the articular extremities of the long bones. Their rough edges had been worn off by friction, and they were covered by a tolerably well-formed synovial membrane. The entire adventitious formation was covered with a development analogous to the *bursæ mucosæ*, which required dissecting away, as nature had made every necessary arrangement for motion between the two ends of the bone, but which arrangement it became the duty of the surgeon to break up. The surface of the fractured bone being fully exposed, their ends were sawed off to fit each other, when a drill of a line in diameter was passed through them, and a ligature very nearly as large introduced, and the ends twisted tightly together so as to form a firm knot over the point of junction of the bones. The ends of the ligature were then brought out at the most dependent part of the wound, a roll of lint large enough to fill the entire wound introduced into it, and a roller applied as tightly as the patient could conveniently bear, commencing at the toes and carried as far as the upper part of the thigh. These were wet with an evaporating lotion, and permitted to remain unchanged for ten days. The roller was then taken off, and the lint exchanged for a fresh piece, when both were reapplied as before, the evaporating lotion being discontinued, and tr. iodine applied instead, which was repeated once or twice every day for two months. The ends of the wires were moved back and forth every third day after the end of the third week from the operation. The object of this was to keep the centre of the wire from growing fast in the bone, and thereby rendering its final removal difficult. The lint was kept so constantly in the wound as to prevent a rapid healing by granulations, by which an opening was retained for the discharge of any diseased bone that might be exfoliated, a frequent occurrence after these operations.

At the end of fourteen weeks the ends of the wire were untwisted,

one cut off near the bone, with a pair of bone-forceps having straight blades, and the other end carefully withdrawn.

The patient had, from the period of the operation, kept the thigh in a tin encasement, made for the purpose, and which was continued until the end of six months, the patient during the latter portion of this period being able to walk comparatively well by the aid of a cane. Eight months after the operation the patient could walk very well, notwithstanding the shortening produced by the loss of bone, and one year later the limb was as strong as its fellow.

*Remarks.*—It will doubtless be asked by some of my readers, how the soft parts could be removed from the thigh-bone in the lower third, where the femoral artery pierces the tendon of the abductor magnus muscle so near the bone, and to a sufficient extent to allow the lower extremity of the thigh being bent at right angles with the upper, without wounding the vessel, and it is for the purpose of giving prominence to this feature of the operation that I have isolated it for special remark :

Although the femoral artery is within four lines of the femur at this point, and a wound of that vessel would destroy all prospect of a favorable termination of the case, the exposure of the bone was easily made, without any particular risk, by the following method : A sharp bone-chisel was taken, after the incision to the bone had been made, and with it the entire soft parts were peeled from the bone, taking care to keep the edge of the instrument directly in contact with the bone all the time, so that no wound of the surrounding soft parts could possibly occur. This is the only safe method that can be adopted in operations upon the bones generally where important tissues are in close proximity, and the wounding of which would greatly jeopardize the interests, if not the life of the patient.

---

ARTICLE III.

**A Brief View of Bilious Fever.**

---

BY ALEX. M'BRIDE, M.D., SURGEON U.S.A., FORMERLY OF BEREA, OHIO.

---

Bilious fever is a disease in which the carbonaceous elements of the body appear to be chiefly concerned. This idea of the disease is warranted by the following considerations :

1st. The principal evacuations necessary for its eradication or cure are highly carbonaceous compounds.

2d. When recovery takes place at the end of seven or fourteen days,



as it most invariably does when properly treated, the patient is found to have sustained no material loss of the azotized constituents of the body, and, as soon as the stomach has digested ordinary food a few days, the patient can go to work with scarcely diminished strength.

3d. Those local inflammations, congestions, and purulent deposits, which are so common in idiopathic, continued, or typhoid fever, and which concern the azotized constituents, are nearly unknown in bilious fever. (When congestions do occur in bilious fever, their attack is during the paroxysm, and generally the first; whereas, in continued or typhoid fever the congestion, if any, is after the fever has spent its chief force and the azotized tissues are wasted. The congestion which occurs in bilious fever is the same in kind with that which occurs in the paroxysm of ague, and from the same cause: this may with propriety be called an active congestion, the object of which is to remove an obstacle. That which occurs in the advanced stage of continued fever is a passive congestion, and results from loss of tonic equilibrium of the arterial and capillary system.)

4th. In bilious fever there is no necessity of nourishing the patient with azotized or any other kind of food; he loathes food; the system is actively engaged for the time being in casting off a large amount in a short time of carbonaceous matter. On the other hand, in continued fever, the patient will in some cases from the beginning, and generally during the second week, relish and actually demand food, and the more highly azotized the better. (The stage of continued fever at which the condition of the patient demands food will depend upon the rapidity of waste taking place.)

Bilious fever, like all other diseases, has its accidents, and may be accompanied by inflammation. Inflammation or a high state of irritation of some part of the mucous membrane of the alimentary canal is that to which this fever is most prone. All such irritations or inflammations will change the quality and course of the fever, its prognosis and treatment.

In the foregoing propositions I have made no allowance for those factitious pathological conditions and symptoms which are sometimes produced by injudicious treatment, and which I mistrust have by some been written down as natural concomitants of the disease. I have seen the most horrid forms of typhoid fever result from excess of purging, vomiting, sweating and mercurializing, in bilious fever; also from *attempts* to mercurialize when the mercury produced irritation and diarrhœa. These patients generally die, and are reported as cases of "malignant," or some other horrid name of, bilious fever.

This fever, like all other fevers, differs in degrees of severity in different seasons and localities, but I can not help but think that very much of the fatality which has been ascribed to this disease at certain times and places has been more due to particular methods of treatment than to peculiar malignancy of the disease.

I do not write for the *purpose* of censuring or throwing odium on the profession, or upon individuals, but to elicit *truth*; *truth* should not be sacrificed, on so important a subject, to shield or spare the feelings of those who are in error. I will not be so extravagant as some, who, in horror at the enormities of their own practice, have said the practice of medicine has done more harm than good. I do not think that is true; but I do say and know that the worst forms of bilious fever I ever saw were produced by treatment.

Now to condense the idea: Simple bilious fever is a disease in which, from some cause, the system is laboring to diminish carbonaceous matter, and that chiefly in the form of bile. The exacerbation is simply the maximum effort; the remission is the exhausted condition after the effort, and it will be long or short, according as the vital force is more or less active, and the amount of the obstacle more or less in quantity.

*Treatment.*—What shall be said of mercurialization in this fever? Clearly, that it has no place in the treatment, if the foregoing propositions are correct. Mercury is a disintegrator of azotized tissue: no such action is wanted here. If mercury can be used as a *simple cathartic* in this disease, I have no objection, but prefer a more safe one. The constitutional action of mercury is very apt to waste the patient's strength, and prolong his illness and convalescence, for it imitates disintegration of the nitrogenized constituents, which is no necessary part of bilious fever, and from which it takes the patient a long time to rally. Blood-letting diminishes the amount of *effective force*, and the elimination and restoration is thereby protracted. Blood is the common carrier for the animal economy, consequently the more of it we can keep in motion the sooner will be accomplished the task of renovation. I did design to give the whole matter briefly, and occupy no space discussing useless and pernicious plans and remedies, but mercury and blood-letting have reigned supreme for so long a time that I thought a brief allusion to and dismissal of them requisite. Now, without lengthy discussion, I give my method of treatment: Evacuate the stomach and bowels freely by mild purging or vomiting; sometimes both; but if both are adopted, the stomach and bowels, if the emetic be given first, should be quiet for a few hours by an opiate before the cathartic is given. Ipecac (or ipecac and sanguinaria) is the best

emetic. Alexandria senna and epsom salts, with anise or coriander seeds, is the best cathartic; given in divided doses, so as to produce a mild and full effect. After this, pulv. doveri, with excess of ipecac, or about three to four grs. pulv. sanguinaria added to the pulv. doveri. This to be given about every three or four hours for a day or two. If there is much of remission and sweating, give quinine about two to three grs. every three hours until the exacerbation comes on, then proceed with the opiate as above. If the patient sweats all the time, as is the case sometimes, give quinine all the time. As often as it is apparent that there is bile and other secretions accumulated in the stomach and bowels, give a purgative or emetic as above, after which proceed as before: opiates, etc., and quinine. The patient will be convalescent in most cases on the eighth day.

The reader will perceive that the whole plan of treatment is based upon the idea of maintaining a uniform tonicity or equilibrium of the arterial and capillary systems; which is effected by relaxing the capillaries during the exhaustion with opiates and nauseants, and exerting arterial tonicity in the atonic stage with quinine, by these means placing the arterial and capillary systems in the best possible condition for the discharge of their functions of absorption, convection, and elimination; and the removal by gentle means, from time to time, of excretory matters deposited in the *primæ viæ*.

*Maxim.*—The extent and density of the coating on the tongue afford the exact indication of the amount and activity of emetics and cathartics that should be given in any stage of this disease. In any stage of this fever constant heaviness of stomach or nausea *may* indicate a light emetic without regard to density of coating on the tongue.

Gastro-enteric fever, and remittent fever with enteric or gastro-enteric irritation, are merely phases of bilious fever, especially when these occur in the proper season of bilious fever. By reference to the foregoing maxim it will be perceived that the vomiting and purging must be very cautiously proceeded with, as the tongue is but sparsely coated. Emetic action is seldom necessary or admissible; the best purgative is an ounce of castor oil, with twenty drops of laudanum; the main treatment should be pulv. doveri, or something similar thereto, every four hours, alternated with six to ten drops turpentine in emulsion of mucilage, with or without citric acid, every four hours. I generally use about this:

℞ Oleum terebinth., f3 j.  
Mucilage, f3 vij.

M. Dose, a teaspoonful.

If the bowels do not move every two or three days, when purging is indicated, purge carefully as above.



Quinine should not be attempted until the irritation is entirely removed.

The size of the opiate in either form of the disease must depend on circumstances; I always give enough to mitigate distress and to abate the fever. The great distress from headache can be almost entirely removed by opium.

Have patience with me a little longer. I have practiced medicine over sixteen years in miasmatic regions, and have done a good deal of business, and must necessarily have some reasons for what I write. The idea of a patient dying of bilious fever hardly enters into my calculations when treating a patient.

Many physicians continue to be of the opinion that opium can not be safely given when there is headache, or when the secretions have not been changed; than which a greater mistake could hardly exist. The distressing headache in fever can and should be mitigated by large doses of opium. To illustrate how harmless opium is in such conditions, I will relate a little experimental treatment. A few years ago I conceived the idea of arresting fever in the forming stage by large doses of opium, repeated several times. I tried this in several cases with both sexes. The object was not accomplished, and I had to adopt a more rational plan; but no special harm resulted. This was tried in both bilious and continued fever.

---

## Proceedings of Societies.

---

### Proceedings of the Cincinnati Academy of Medicine.

---

MONDAY EVENING, Sept. 16, 1861.

Dr. Almy in the chair; Dr. Stevens, Secretary. Dr. Gans proceeded to read the second part of his essay on

#### PUERPERAL FEVER.

PART II.—*Pathology of the Puerperal Processes.*—Basing the division of the puerperal processes, in accordance with the present state of the science, upon the pathological anatomy, as the school of Vienna has done, we can divide the various puerperal processes into three groups.

The first includes the processes with the most rapid course without local appearances in the cadaver. (Septicemia in a high degree.)

It is known that some puerperal processes may end, in a few hours or days, in death, after being accompanied by symptoms which show

an important alteration of nervous life, paralysis of the nervous system and general dissolution of the blood. These are, according to our experience, the rarest cases. A severe chill, followed immediately by symptoms of cerebral irritation or of paralysis, forms a characteristic symptom. A general excitement and delirium is then observed, sometimes combined with tetanic convulsions, or, immediately after, somnolence and coma—symptoms always associated with great depression of the vital powers. Numerous black or blue spots of more or less extension appear also on different parts of the skin, particularly on the extremities and sacro-lumbar region. These are the cases which sometimes are characterized during life by extended redness of the skin, by the so-called puerperal scarlet, and in which sometimes extended blood extravasations are found in the subcutaneous cellular tissue, in the muscles, on the anterior surface of the thorax, and on the extremities. Except pulmonal hyperæmia and hypertrophia of the spleen, which latter is sometimes soft, appearing transformed into a mush-like mass, the post mortem examination not revealing any positive appearances. No traits of a local affection are discovered. The walls of the uterus are flabby; its cavity contains black blood in a liquid state; in the uterine tissue and upon the peritoneum small ecchymotic places and a bad-colored liquid are sometimes found. There is no sign of firm exudations or pus-like coagulation, and the like, upon the inner uterine surface, nor in the neighboring veins and lymphatic vessels, nor on the inner or outer surface of the peritoneal sack.

Cases in which death took place very suddenly were formerly considered apoplexia nervosa, or asphyxia idiopathica, (Chevallier,) or syncope, (Dubreith,) or as owing to the admission of air in the cavity of the heart through the uterine veins, (Legallois, Clintock,) or to extended blood coagulæ in the heart, (Meigs,) or were attributed to obliteration of the pulmonal artery, (Paget.) We have now good reason to seek the real cause of death in septicæmia, and, as a proof for it, the fact is given that the blood of such dead bodies contains carbonate of ammonia, possessing the property of decomposing the blood corpuscles and of dissolving fibrin and hæmatin, besides containing hydrocyanate of ammonia. It is stated that the blood corpuscles have lost the property of turning red by the air, and that the blood of these corpses passes rapidly into putrefaction. It is not to be overlooked that, as much merit as most investigations may possess, we have not yet found any direct proof of the septicæmia—that is, of the putrid fermentation of the blood circulating in the vessels.

The second group embraces the puerperal processes with acute pro-

gress, in which plain symptoms of localization of the disease are found on the inner surface of the uterus, in the veins and lymphatic vessels of that organ, in the peritoneal cavity, and in the organs lined by this membrane. The local symptoms, which are found most frequently on the inner surface of the uterus, are those of an endometritis. These morbid alterations form nowise the essence of the puerperal processes, for they are often wanting entirely where the cases end in death. The endometritis, accompanied by at one time more rapid, at another time slower, softening exudation, is to be considered as the localization of the puerperal blood decomposition, or as the primary disease. The exudation, forming itself in one way or another, changes rapidly into pus or ichor, and destroys thus, more or less, the muscular layer of the uterus next under it. The uterus presents itself often very distended; yet, in consequence of the paralysis of its muscular fibre, its texture is soft and the involution proceeds imperfectly. The pathological diagnosis of the endometritis always presents difficulties, because it is difficult to distinguish the products of the inflammation from the lochial secretions, being physically and anatomically very similar. Endometritis, with liquid plastic lymph, consequently can not anatomically be diagnosticated, and we only can then judge of its existence when pus and exudation are excreted in larger quantities. The term endometritis catarrhalis, endometritis plastica, (uterine croup,) and endometritis dysenterica, has been adopted, according to Rokitsansky and Kiwisch, in conformity with the various modifications, consistence and color of the exudations and the extent of the inflammatory process; and to designate the highest degree of the disease, in which the inner surface of the uterus presents a kind of mush of a dirty bluish color, the expression *putrescentia uteri*, according to Boër, has been retained.

But very little value is placed on all these forms, since Engel has shown that the greatest number of the cases are but cadaveric appearances. The endometritis can only be recognized by the mass of exudation on the inner uterine surface, and by a large quantity of pus. But these pathological products permit as little as their different colorization to judge during life of the degree, form or course of an endometritis. In a favorable course, the disease ends in recovery, without another organ being implicated; the only complications existing, frequently, are vaginal ulcerations. These ulcers, called puerperal ulcerations have their seat on both sides and above the entrance of the vagina, on the side of the inferior commissura of the labia; they are seldom found on a higher place or in the vagina. They are generally the result of vulneration during labor; or they may have relation to a blood



infiltration, which has taken place by pressure of the presenting part of the child, and in some cases are they the result of diphtheric secondary inflammation of the vagina; the base of these ulcers is frequently covered by a brownish membrane, ill-looking, and the secretion often puriform, seldom ichorous. They produce œdematous swelling of the labia, and have, under certain circumstances, considerable extent and depth. They cause, only exceptionally, narrowing or closing (atresia) of the vagina and external genitals, perforation of the urethra or of the rectum. In a higher degree of intensity the inflammation extends to the peritoneum. Among the neighboring organs the labia and vagina are the most frequently attacked, but the inflammation may also pass to the urethra and urinary bladder.

The puerperal inflammation of the tubes (metrosalpingitis, according to Söng) can only be known anatomically by existing abscesses and exudation. It is not possible to discover inflammatory appearances by a dark color of the tubes and fimbriæ, for the soft and loose cellular tissue surrounding the tubes and the structure of the *morsus diaboli* favor the presence of cadaveric coloration. The inflammation of the tubes has but a subordinate importance. It is in general secondary, and depends upon the extension of the endometritis; but it can give occasion to obliteration, narrowing, etc., which develop their bad consequences at a later period. Considered from a practical stand-point, the inflammation of the vagina is of great importance, on account of it having relation with the endometritis. But this is not always the case; still it prevails often at the same time, and under the influence of the same causes. The inflammation of the bladder is usually limited to a simple catarrh, and is often primary, produced by pressure during labor. There sometimes develops itself in the vicinity of the external genitals an erythema upon the skin, in consequence of the acrid condition of the lochia, which is of no moment; but occasionally a diphtheric condition develops itself, ending in ulceration, and leaving phagedenic ulcers. The endometritis is diagnosticated by pain and incomplete involution of the uterus, by suppression of the lochia, by pathological alteration and puerperal ulcers of the vagina, which are found in the majority of cases; finally by the fever, which is never absent. The uterus, in general, is not very painful, but external pressure and inner exploration cause painful contractions. This pain does not extend beyond the upper abdominal region, if the woman remains perfectly quiet. The uterus remains considerably distended, in consequence of the paralytic condition of its muscular tissue and the accumulation of liquid exudation in its cavity; hence the soft, mushy feeling by the

touch. The lochia is for a while suppressed, its place is often taken by a considerable discharge of copious purulent masses of bad smell and color. The microscope has not been able yet to discover a difference between the physiological and pathological lochia.

In the second series we find the local phenomena of the puerperal processes in the veins and lymphatic vessels of the uterus and the neighboring parts. It is known that, during the normal course of the childbed, blood coagulæ are formed in the veins of those places where the placenta was attached, and that in this manner the usual hæmorrhage is stopped; other veins are filled also with such coagula, but without any harm. But if this blood, outside of the circulation, having collected in the form of thrombi, has the property to become decomposed, new coagula are formed by accumulation, extending themselves into the veins of the broad uterine ligaments, into the vena spermatica interna, into the pelvic veins, vena cava ascendens, and into the crural veins. But not always do these thrombi follow their regular course: they remain sometimes in close connection; sometimes they are formed in places far from the uterus by inopexia, in the veins of the brain, in the vena cava descendens, in the sinus of the dura mater, in the vena jugularis—all of which points to a general and not at all to a local cause. The coagula are similar to the fresh blood coagula, presenting a chord attached to the walls of the veins, and passing some time afterward in its center into purulent liquefaction. If the blood of the parturient woman is healthy, it does not decompose itself, but the puerperal thrombi become organized, shrink together, and change to cellular tissue, in which new vessels form, by which the veins become in various ways closed, presenting at last tape-like chords. If, however, the blood of a parturient woman is sick, or have noxious substances acted upon the torn veins, (orifice,) an ichorous decomposition takes place within the puerperal thrombi, softening the inner coat of the vessels, and producing an inflammatory infiltration of the external coat, with its various consequences,—hence a secondary phlebitis. This view, advocated by Virchow, Kiwisch, and Scanzoni, according to which the decomposition of the thrombi forms the primary, and the inflammation of the veins but the secondary act, appears to be more correct than the one formerly held, according to which a primary phlebitis was considered as the source of the blood poisoning. It is to be looked upon as a rare exception, if, to the contrary, primary phlebitis appear with secondary formation of thrombi. (Virchow.) The most important consequences of the thrombi depend, therefore, principally upon the metamorphosis of the blood coagula. Their puriform or

ichorous disintegration produces a septic poisoning of the blood, and thus the so-called metastatic inflammation of the mucous membrane and the skin, as also the various circumscribed purulent depositions at various places, are produced. Even if it had not been proven yet with perfect certainty that there exist between endometritis and the formation of emboli, and pus in the veins and lymphatic vessels, a direct connection, we may still suppose, with great probability, that the incomplete contraction of the uterus and the peculiar condition of the blood be the most important cause of the thrombosis, and that surely this alteration of the blood, and the circumstance that the emboli come in contact with the purulent and ichorous exudation of the inflammation, favor more than anything else the purulent and ichorous decomposition of the blood coagula. Finally, we contend, based upon our experience, that sometimes, and then independent of the primary thrombosis of the uterine veins, a putrid infection of the blood may be produced alone by the passage of the deleterious remnants of the decidua existing in the uterine cavity, together with the ichorous lochia, into the open veins of the seat of the placenta, and carried further into distant vessels. In accordance with our experience, the place where the placenta was situated is in many cases the starting-point of the disease, because we have frequently found there pus in the veins.

The lymphatic vessels of the uterus are often enlarged and filled with pus, whilst they are in the normal state indiscernible by the naked eye; we have also sometimes observed them, at the posterior wall of the uterus, in the neighborhood of the tubes, under the peritoneum, presenting themselves to the eye like big yellow chords of the size of a goose-quill, and wreath-shaped, and not showing in their course any purulent collections. H. Meckel some years ago directed attention anew to this metro-lymphangitis, and it is due to his investigations that different degrees and forms have been adopted. If the lymphangitis exist in a high degree, the lymphatic vessels along the arteria and vena spermatica interna, to where they divide themselves above the lumbar lymphatic glands into conducting vessels, and after dissecting off the peritoneum, appear like goose-quills and filled with pus; the last-named vessels are also filled with pus, whilst the glands are only enlarged, softened, and of whitish color; beyond the glands no pus is found in these vessels. Downward the lymphatic vessels along the broad uterine ligaments always take a twisted course, but are easily followed through the soft cellular tissue to the uterus, in the neighborhood of which they are more enlarged, forming, at times small, at other times larger pus cavities. The lymphangitis uterina does not extend



to other regions, not even to the lymphatic vessels of the arteria hypogastrium; but it is accompanied by pus formation of the parenchyma of the fundus uteri and of the pelvic cellular tissue. It commences always in the ulcerations of the neck of the uterus, and transplants itself to the fundus, assuming still a larger extension, as we have seen in two cases. Meckel seeks to explain the development of this metro-lymphangitis by the resorption of deleterious substances, having been formed through puerperal ulcerations, and he is of the opinion that this lymphangitis forms the essential character of a malignant puerperal fever, whilst the phlebitis is considered by him as unessential and more accidental. According to him, therefore, the cervical and vaginal portion, which is always inflamed, has to be looked upon as the starting-point of the malignant puerperal fever, on account of the formation of the lymphangitis always at this place. We have to remark here, that we have frequently observed small purulent deposits or ulcerations in the neighborhood of the os uteri, without being able to discover the least sign of a lymphangitis.

The newest investigations of Engel and Braun have also taught us that we must look upon the lymphangitis as inflammation of the cellular tissue surrounding the lymphatic vessels, being produced in consequence of the obstruction and excessive distension of the lymphatic vessels. According to Braun's view, the filling of the lymphatic vessels would be a physiological condition of lying-in women, and a primary lymphangitis puerperalis ought to be doubted, because the lymph had more probably become coagulated, and the decomposition of the coagulum had to produce a secondary softening of the walls of the vessels; but it being also unquestionable that pus may be taken up by the lymphatic vessels from the peritoneal cavity and uterus in large quantities without the inner surface of the lymphatic vessels or the surrounding cellular tissue being inflamed, it is therefore, in Braun's opinion, not possible to consider the collections of pus in the lymphatic vessels as cause of the puerperal processes.

In reference to the symptoms accompanying a metro-phlebitis or lymphangitis puerp., the most essential for the clinical diagnosis are: A typhus-like course of the whole process; repeated fever paroxysm, with chills; a so-called pernicious intermittens, with vague type; phlegmasia dolens and metastatic abscesses. If even we cannot ascribe to these symptoms, according to Scanzoni, a positive certainty, they have still an important practical meaning, showing at all times a great disturbance in the sanguinary life.

The third series of the local phenomena of the puerperal processes

present themselves in the peritoneal cavity and the organs lined by the peritoneum. Peritoneal exudation belongs to the most frequent and surest signs, although it does not accompany always the puerperal process. At the opening of the abdominal cavity, the distended intestines and a more or less copious exudation is conspicuous, the character of which is very diversified, either more or less thick or liquid, of serous, purulent or ichorous quality, of yellowish green, brownish or reddish color. Layers of different color cover the peritoneum, and glue separate intestinal portions together. The exudation sometimes separates itself into serum and coagulated fibrin, which is, so to say, reduced from the serum, covering generally the surface of the liver and spleen. In other cases the exudation collects in the deeper places, and lays then in the space of Douglas. The peritoneum presents in general the less inflammatory coloring, the larger the quantity of the exudation and the more fibrin flakes are seen.

The peritonitis extends over all parts of the peritoneum, or is limited to that part which lines the uterus, and to some loops of the intestines, as also to one part of the inner lamella of the inner abdominal wall—the so-called perimetritis. Has the inflammation attacked the entire peritoneum, the part which covers the uterus shows itself the most intensely inflamed, which is known by the stronger injection of this portion. In the limited inflammation, or the perimetritis, the liquid exudation collects in the deep inlets of the peritoneal sack, and are lying there as in a pocket, because, by the adhesion of the neighboring intestines, separate spaces are formed where the exudation can collect, and then forming the so-called sacked exudation or peritoneal abscesses. The exudation does not always penetrate into the peritoneal cavity, but collects, external of the same, between the peritoneum and the neighboring tissues, in consequence of infiltration of the subserous cellular tissue, thus forming the retro- or extra-peritoneal exudation, which partly becomes organized, or becomes softened, or becomes partly capable of resorption. The sacked exudations—those external as well as internal of the peritoneum—reach easily a great extent, on account of the puerperal inflammations producing in general a considerable exudation. In reference to their position, the intra-peritoneal ones are either found in the Douglasian space, or between the uterus and bladder, or on the side walls of the pelvis, or they fill the pelvis entirely, so that the uterus is surrounded by it; the posterior wall of this sac is often formed by adhered loops of the small intestines. The extra-peritoneal exudations have either their seat between the two lamella of the broad ligaments, or upon the musculus iliacus externus,

or in the fundus of the pelvis, or, finally, between the abdominal muscles and the peritoneum. The intra-peritoneal exudation may exist for a considerable length of time without producing any other phenomena but short paroxysms of fever; they may gradually disappear, by resorption, leaving abnormal connections by false membranes, or abscesses may be formed. The matter makes its way to the outside through the intestines, the bladder or vagina, through the hypogastrium, the lumbar region, or at the more depending part. The extra-peritoneal exudations form, generally, after a short time, a pelvic abscess, opening frequently in the inguinal region, or at the leg below the Poupart's ligament in the lumbar region, or the vagina, or, if the abscess is located at the anterior abdominal wall, it may empty itself through the umbilicus.

Frequently the peritoneal exudation extends itself to the ovaries, but where it is not easy to distinguish the physiological from the pathological condition. An inflammation of the stroma, and the serous envelope of the ovaries, oophoritis, makes itself known anatomically, according to Braun, only by the presence of firm, purulent, or fibrinous products, and in this sense we may adopt the division of Kiwisch, in oophoritis peritonealis, parenchymatosa, and folliculosa. Clinically, the diagnosis of oophoritis is uncertain, and can not be distinguished from a circumscribed peritonitis. The fibrinous and albuminous masses found in the peritoneal cavity of cadavers were till now considered only as inflammatory products of the peritoneum. Henle was the first who explained this anatomical result in cases in which the peritoneum is intact, smooth, and not injected, by a puerperal insufficiency of the lymphatic vessels, and the obstruction of the lymphatic glands by blood and pus corpuscles.

In reference to the pathological alterations of the other abdominal viscera, the liver, spleen and diaphragm are pressed upward by the exudation of the paralytic stomach and intestines, filled with fætid gases. The liver appears, on cutting, nutmeg-like, probably resulting from the blood stasis in the vena cava, the vena hepatica, and portal system, caused by the enlarged uterus. The spleen is very frequently tumefied, and twice or three times as large as usual; sometimes she is, by the exudation in the abdominal cavity, compressed, which may also be the result of a blood stasis or septicæmia. The kidneys are generally pale and anæmic, or they present that peculiar disorganization found in Bright's disease.

The appearances in the pectoral cavity have to be considered as accidental, not characteristic. The upper lobes of the lungs are sometimes



oedematous; the lower distinguished by a considerable effusion of blood; the heart is soft and flabby. Sometimes an exudation is found in the pleural cavity and pericardium. The brain very rarely presents any pathological alteration. The peritonitis takes place the first days after delivery, and is either primary or secondary. The first symptoms, by which we may recognize it, are pain, principally in the uterine region, and fever. In the beginning the pain may be slight, being only called forth by pressure upon the abdomen, but they always augment in extension and intensity the more the inflammation spreads. It is not seldom that the first pain resembles after-pain, increasing gradually to continuing pain; but sometimes the inflammation comes up immediately, with pain of such an extent as to cause the least movement or touch to be insupportable. In general the lochia grows less, or ceases entirely, whilst the milk secretion continues, sometimes without interruption, becoming lessened only then considerably and suddenly when a profuse exudation has been formed. If the inflammation remains limited to the peritoneum inclosing the uterus, being therefore a more circumscribed one, the fever decreases sometimes gradually, and the patient recovers in consequence of the resorption of the exudation, or an encysted exudation is left. In the last case the febrile symptoms continue more [or less remittent with painful exacerbations; functional derangement of the pelvic organs, upon which the exudation presses, are observed,—as constipation, dysuria, etc. But is the exudation extra-peritoneal, severe neuralgia of the ischiatic and crural nerves are frequently observed. The disease may in this manner continue for several months, and during all this time we live always in fear and hope. If these exudations at last form abscesses, the disease assumes a course not less slow and perfidious. Does the inflammation extend, instead of limiting itself to the uterus and its appendices, far over the visceral lamella of the peritoneum, the pains and fever are not only increased, but the whole condition changes suddenly. The pulse becomes exceedingly frequent and small, the extremities grow cold, (showing venous stasis,) the face becomes disfigured, the pain disappears, exudation takes place quickly and unavoidably; this produces paralysis of the muscular membrane of the intestines, or collection of gas,—meteorismus; we may discover in the more depending portion of the abdominal cavity, by percussion, a larger or smaller quantity of liquid exudation; but hardly ever plain fluctuation is felt, because the extension of the abdomen depends more upon the condition of the intestines than upon the exudation. In consequence of the meteorismus, the liver and diaphragm are sometimes pushed up to the third or

fourth rib, and pressed against the posterior wall of the thorax, causing compression of the lungs and danger of suffocation, although the percussion gives a tympanitic sound at the entire anterior right side of the thorax and abdomen. It is necessary not to be deceived by a dull percussion sound at the posterior wall, in taking it for a sign of a pleural exudation. To the paralysis of the intestines, the vomiting of verdigris-like masses associates itself, which causes us such great apprehension. At the appearance of this symptom we always prognosticate death, and very seldom it happens otherwise. In general, death takes place rapidly,—the patient retaining her full consciousness. Death is caused either by suffocation, through œdema of the lungs, produced by compression, or in consequence of exhaustion, produced by the profuse exudation, and the deep derangement which the nutrition suffers in consequence of the paralysis of the intestinal canal.

The third group, finally, embraces the consecutive diseases, or the secondary conditions of the puerperal processes—namely, septicæmia and pyæmia. In this category are comprehended the morbid conditions, characterized by the formation of lobular abscesses in different parts of the body, in which very seldom pus of good quality is found, but most frequently ichor. The general term “metastasis” is also given to them, on account of considering them as excretion of resorbed deleterious substances, and because accompanying also other zymotic processes—as typhus, etc. These metastatic abscesses are found as well in external as internal organs. In reference to the inner organs, metastases are most frequently in the lungs, as lobular pneumonia, and in the spleen, more seldom in the kidneys and liver, in the brain, as exudative meningitis, cerebral phlebitis, or as circumscribed encephalitis. They show themselves in the eye, in the form of purulent choroiditis; in the tonsils, pancreas, and in the cellular tissue of the pelvis, by more or less tumefaction, with gangrenous destruction of the neighborhood; in the ovaries they cause destruction and phthisis of this organ. Carditis and endocarditis belong to the most rare morbid phenomena. The external metastases have their seat principally in the joints, as “arthropyosis;” they occur in the knee, elbow and shoulder-joint,—more seldom in the hip and other joints; they cause necrosis of the articular cartilages, and anchyloses of the joints. They are also observed in the synchondrosis and symphysis ossis pubis, where they may cause a bone diastasis. The metastatic inflammation of the connective tissue localizes itself with preference in the extremities, principally the lower, as the calf of the leg, in the lumbar and pelvic region; such abscesses are seldom found in the parotid.

the thyroid gland, and in the muscles ; upon the (external) skin they present themselves in the form of erythema, erysipelas, pemphigus, pustules, furuncle, and carbuncle. These suppurations may form themselves in the named places by spontaneous inopexia in the capillary vessels, and by disintegration of thrombi, or they are produced, according to the opinion of Virchow, by separated fragments of the autoethonic thrombi, wandering to near or distant parts.

To these secondary diseases the phlegmasia alba dolens also belongs, which White has explained by an obliteration or other morbid condition of the lymphatic vessels ; Davy and Velpeau by an obliteration of the veins. Andral, Bouillaud and R. Lee have, to the contrary, shown that that affection of the lower extremities ought to be looked upon neither as a specific form of disease, nor a process peculiar to parturient women, because the phlegmasia alba occurs also in phthisis, carcinoma, typhus, and cachectic subjects—so that we have to consider it, according to the communication of Bouillaud, a general phenomenon, presenting itself in various diseases. Now-a-days a thrombosis or phlebitis of the crural vein and saphena is very often designated by the name of phlegmasia alba ; the phlegmasia alba is sometimes even nothing but a metastatic inflammation of the subcutaneous connective tissue, and a lymphangitis of the femoral region ; most frequently it presents itself under the form of an œdematous tumefaction, which may develop itself in parturient women, who are otherwise quite well, even in pregnant women,—be it through inopexia of the crural veins, or through insufficiency of the lymphatic vessels, or through a cold. It is of importance when it appears as a consecutive disease of a puerperal process, on account of being founded upon a thrombosis disposed to decomposition. This makes itself known by a severe pain in the upper part of the leg, extending down to the calf, accompanied with a corresponding tumefaction. This is generally hard, frequently white, glossy, sometimes intermixed with streaks like marble. If we follow the vessels with the finger, hard and painful knots are met. If the deeper-seated veins are obliterated, the circulation is kept up by the superficial ones,—for instance, through the saphena ; but when both these contain coagula, the capillaries alone do the work, and in such a case the limb loses its white color, and becomes more bluish ; at the same time the limb increases in circumference. Death sometimes takes place rapidly, by suppurations and ichorous softening of the soft parts ; every time we succeed in removing the obstacle of the free circulation, the named phenomena disappear gradually, although the obliterated vessels may be felt yet, knot-like, for weeks.



To the more accidental symptoms which may accompany some localized puerperal processes, we must yet mention the puerperal mania, with or without fever, erysipelas, scarlatina, and the miliary fever.

From the foregoing sketch, which we have given of the various puerperal processes, the conclusion is to be made that the fear which this disease causes to physician and layman is perfectly justifiable. There is no disease the course of which is more obstinate, sly, and more treacherous, and defying as much medical art as the puerperal fever. It is, therefore, necessary to be very much guarded in the prognosis, if we will not be deceived by too great a confidence in nature or science. Never can we put the prognosis favorable, even not in the mildest cases; as the phenomena endangering life appear often with one stroke, and in an entire unexpected manner.

In general, the different degrees of the septicopyæmia, the intensity, the obstinacy of the fever, the extent and character of the pathological local alterations may, to a certain degree, serve as a guide for the estimation of the danger.

---

### **Proceedings of Eaton (Ohio) Medical Society.**

Reported by R. WALLACE, M.D., Recording Secretary.

---

At the appointed time (2 o'clock P. M., July 9th) the Eaton Medical Society convened at Lewisburg. The President in the chair, and the house in order, the names of the members of the Society being called, the following answered to their names:

Drs. Crume and Woody, Eaton; Drs. Hill, Lindsay and Huggins, West-Alexandria; Drs. Wallace and Ebersole, Lewisburg; Dr. Tobey of West-Baltimore.

By the invitation of some of the members of the Society, there were present a number of literary and scientific gentlemen.

The business before the Society was announced as follows: First, Report of the Society's delegates (Drs. Wallace and Haggott) to the Ohio State Medical Society; Second, An Address, by Thos. Wallace, A.M., on the Relation of the Natural Sciences to Medicine, and, Third, Miscellaneous business.

Dr. Crume moved that the delegates to the Ohio State Medical Society (Drs. Wallace and Haggott) present their report. Motion carried.

Dr. Haggott not being present, Dr. Wallace proceeded to give a verbal report. Moved by Dr. Crume that the report be accepted. Carried.

The following resolutions were presented by one of the Society's delegates at the Ohio State Medical Society; all of which received the unanimous vote of the Society, except the last, which was laid on the table; and now the Eaton Medical Society calls the attention of the medical profession to the spirit of these resolutions, hoping to see the day when the spirit of them will be carried out:

1. *Resolved*, That it is the duty of each member of the Ohio State Medical Society, to use all his influence among his professional brethren, in the county in which he lives, to induce them to organize and sustain a County Medical Society.

2. *Resolved*, That it is degrading to the medical profession, and dishonorable to the faculty and trustees of a medical college, to confer honorary degrees on men who are so ignorant of literature and medical science that they can not become members of the County Medical Society in which they live.

3. *Resolved*, That when the faculty of a medical college ascertain that, by being deceived, they have conferred an honorary degree on an illiterate individual, who is daily guilty of gross unprofessional conduct, it is the duty of the faculty to revoke it.

4. *Resolved*, That it would be an advantage to the members of the medical profession, medical societies and colleges, if no more honorary degrees could be obtained.

Dr. Woody moved that Mr. Wallace proceed to deliver his address. Carried.

Mr. Wallace, in his address, paid special attention to Medical Education. He insisted that no young man should be received as a student of medicine, who was not in possession of a good English education. He proved to a demonstration, that it would be an advantage to the medical profession, and better for the people, if all students were required to have a classical education, that being of vast importance to prepare the mind for the understanding of natural history. He next went on to prove that the man who understood nature's laws, or the principles of chemistry, botany, zoölogy, acoustics, and astronomy, is the man who, in the first place, is capable of knowing what can be done by remedies and medicines; and, in the second place, knows how to use means to prevent, palliate, or cure. He also dwelt to a considerable extent on metaphysics, and pointed out the controlling power of mind over matter; even to the controlling and curing of disease in many cases.

Dr. Crume offered the following resolution, which was adopted by the society :

*Resolved*, That the thanks of this Society are due, and are hereby tendered to Thos. Wallace, A.M., for his interesting address.

Dr. W. H. Matchett, of Darke county, presented himself for membership, and was recommended by the censors, and unanimously elected by the Society. In like manner, Dr. Ford, of Eaton, became a member of the Society.

Dr. Woody moved that a committee of two be appointed to report, at the next meeting of the Society, on the causes of the increase of tubercular consumption. Drs. Crume and Woody were appointed that committee.

The Society adjourned, to meet at Eaton on the 10th of October, at 10 o'clock A. M.

---

## Editorial Translations.

---

1. *Lead in Scrofulous Photophobia*.—By Dr. C. Blodig, Vienna.—Hiltermann's remedy (lead-water three ounces, acetate of lead half an ounce, applied by means of wadding, saturated with the solution, an hour at a time) has given a satisfactory result in not more than three out of twelve carefully selected cases, in the rest proving of no effect whatever, within forty-eight or sixty hours.—*Zeitschr. d. Gesellch. d. Aertze zu Wien*.

2. *The Coccygeal Gland*.—By Prof. H. Luschka, of Tuebingen.—In the human body a small gland of oval shape and yellow-red color is constantly found below the coccyx, in a place left open by the central tendon of the levator ani muscles. A branch of the middle sacral artery, and a nerve from the coccygeal ganglion, supply it. It is usually difficult to expose, on account of the surrounding adipose tissue. The finer structure of it can only be studied with the assistance of a good magnifying glass. The morphological significance and manner of development require further investigation.—*Virchow's Archiv*.

3. *A Case of Spontaneous Turning*.—By J. J. Lenz, of Warth, Switzerland.—When first called, the woman had been in labor two days. Right forearm of the child born; cord prolapsed, pulseless. Pains strong, frequent, distressing. Forty-eight hours previously the



waters had come away, with some blood. Woman thirty-eight years old, of a strong constitution, had three children before. Pelvis spacious. Turning attempted, without success, on account of powerful contraction of the womb. The right shoulder of the child pushed far down. Some tincture of opium, tincture of castoreum, and Hoffmann's anodyne liquor prescribed, with a view to afford a short rest. Left alone, the mother commenced pulling at the prolapsed arm, and in about three-quarters of an hour the child was born, arm and head foremost, without any assistance.—*Monatsschrift f. Geburtsh. u. Frauenkrankh.*

4. *Wine-Injection in Obstinate Dyspepsia*.—By Dr. Fr. Innhauser, police-physician.—A woman suffering from dyspepsia for several years, fell, after child-bed, into a typhoid fever, and afterwards into a state of prostration, against which no treatment availed anything. Digestion could not be revived; the supply of nourishment through the rectum proved impracticable; hectic symptoms made their appearance, and death seemed inevitable. The injection of about one-eighth of a pint of wine, with an equal quantity of water, morning and evening, immediately improved this condition, and effected a complete recovery in a few weeks, the digestive organs returning gradually to their normal functions.—*Zeitschr. d. Gesellsch. d. Aertze zu Wien.*

5. *Ovarian Cyst; Injection of Iodine; Death*.—By Dr. R. Löwenhardt, of Prenzlau.—After repeated puncture of an apparently unilocular cyst of the left ovary, in a woman of forty-one years, mother of several children, the treatment of iodine was resorted to for the purpose of attempting a radical cure. The injection of two and a half ounces of the tincture, the same quantity of water, and half a scruple of iodide of potassa, produced very vehement pain. Although the mixture was not allowed to remain in the previously emptied cyst longer than five minutes, the woman sunk rapidly under increasing pain, and died fourteen hours after the operation. No evidence of inflammation was found in the body, but a slight amount of fluid, tinged with iodine, in the abdominal cavity. Death seems to have been the consequence of nervous affection.—*Monatsschr. f. Geburtsh. u. Frauenkrankh.*

6. *Physiology of the Valves of the Heart*.—By Dr. L. Joseph.—During diastole, the atrio-auricular valves with their muscles take part in the contraction of the auricles, by which action the valves themselves are shortened and laid in undulated folds, forming firm annular borders of the corresponding opening. At the same time the

auriculo-ventricular openings themselves are somewhat dilated by the contracting muscular fibres of the auricles. The blood thus pressed into the ventricles, fills the space between and behind the tendinous cords and closes the venous valves, assisted by the arising action of the papillary muscles, which previously have followed passively the upward traction.

All the contractions and relaxations of the different muscles of the heart take place in regular increasing and decreasing, local as well as temporal progression.

While the auricles deliver the blood contained in them, under progressing relaxation of their muscles, the ventricles and the papillary muscles begin to contract. Neither the point of insertion, nor that of origin is fixed, but both approach to each other simultaneously. In this way the ventricle is shortened in its long diameter, and the valves relaxed. Then, under the pressure of the blood, the valves are inflated and the papillary muscles, moved towards the centre of the opening, serve to complete their occlusion. The blood, accumulating again in the auricles, prevents eversion of the valves. With the relaxation of the ventricular muscles they begin to return to their former position.

With the beginning of the systole, the expanded semilunar valves support the blood contained in the aorta and pulmonary arteries. The resistance thus offered to the evacuation of the ventricles is easily overcome by the contraction of the latter, combined with the decreasing contraction of the arterial membranes. During the passage of the blood from the heart to the arteries, the semilunar valves are never compressed, but a considerable space is left between them and the walls of the sinus valsalvæ. The blood contained in this space, and not that in the arteries, shuts the valves.—*Virchow's Archiv.*

7. *The Cement-Dressing for Fractures.*—By Dr. F. W. Lorinser, of Vienna.—Common wood-splints can not be dispensed with in the treatment of fractures which require lateral pressure, while immovable dressings are adapted to cases requiring traction lengthwise. But neither paste nor plaster of Paris give full satisfaction, if used for that purpose; a good dressing ought to combine the advantages of both of them, and this is obtained by cement. The mass consists of caustic lime and curds. The lime is best kept in large pieces, to be powdered when wanted, or mixed with water and preserved in that form. The curds should be pressed, carefully dried and powdered. When required for use, equal parts of the two are intimately mixed by trituration, and water enough added to make a paste, with which short band-

ages are covered and applied, in the same way as in the ordinary paste-dressing. The mass dries rapidly, has a certain degree of elasticity, but is hard, durable, and impervious to water. Cold penetrates it, so that cold applications can be made over it. It does not irritate the skin, and can be removed without difficulty.—*Wiener Medizinische Wochenschrift*.

8. *Abscesses in the Anterior Wall of the Abdomen*.—By Dr. J. Gruber, Physician to the General Hospital of Vienna.—Abscesses resulting from scrofulosis, tuberculosis or scurvy, are always seated in the skin or subcutaneous cellular tissue, and accompanied by other manifestations of the corresponding dyscrasia. They produce very obstinate ulcers, with bluish bottom and œdematous borders, and cicatrize slowly. Caustics are of no avail against them. The internal use of tonics and a nourishing diet favor the healing.

Traumatic influences cause inflammation and accumulation of pus between the deeper layers of the integument. Cavities of different extent may be formed. On account of the difficult diagnosis, it is necessary to examine carefully and often. As soon as fluctuation appears, the several layers of the integument should be divided, successively, until the pus is reached. The inflammatory œdema always appearing over the ulceration, is a good guide. After the evacuation of the matter, cataplasms, tonics, warm baths, etc., are to be employed, according to indications.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien*.

9. *Resection in the Hip-Joint*.—By Prof. J. V. Dumrescher, of Vienna.—The operation has been performed on account of gun-shot wounds injuring the parts forming the articulation; secondary luxation of the head of the femur; caries of the same, with or without luxation, and morbid growths proceeding from the head, neck or trochanter of the femur.

After gun-shot wounds the operation is usually difficult, the result often doubtful in consequence of gangrene or other unfavorable complications. Of eleven recorded cases, one only resulted favorably. Nevertheless, the operation must be made, when neither the larger vessels and nerves are injured, nor the bones extensively fractured, as such cases, left alone, always are fatal. Enucleation is more dangerous and still less successful than resection.

Better is the prognosis in operating for secondary luxation of the head of the femur, with the intention to render the extremity better fitted for use. Here the muscles are restored to their normal condition and function; and on account of the usual success in these cases,



resection is also indicated in old primary luxations, which can not be reduced and prevent the use of the limb.

Caries of the articulation have been the cause of the most operations recorded. Out of seventy-five cases, fifty recovered. Resection is easier when the caries are complicated with luxation. The result depends upon the general condition of the patient, which can not always be fairly estimated, upon the absence of dyscrasia or its presence as the cause of caries, and upon the extent of the devastation. A favorable termination may be expected, when the caries are confined to the upper part of the femur, not involving the pelvic bones, and not caused by tuberculosis or some other dyscrasia.

Where the chain-saw can not be passed behind the bone, the neck of the femur is divided by means of Wattmann's chisel.

The removal of malignant morbid growths in the joint hardly being of even palliative value, resection of the upper part of the femur should not be undertaken on account of such formations, except where they are of a very benign character and can not be reached without removal of the bone.—*Zeitschr d. Gesellsch d. Aerzte zu Wien*.

10. *Spina Bifida*.—Dr. F. Bierbaum, of Dorsten, says this disease, always congenital, often occurs in combination with chronic hydrocephalus, and both are occasionally complicated with cerebral hernia, hare-lip, cleft palate, fissures of the abdominal integuments, and club-foot. But either of them may exist alone. Spina bifida has been observed in all parts of the spine, but usually affecting only a small portion,—very seldom the whole length of it. It occurs most frequently on the lumbar vertebræ; not often in the cervical part of the spine, or the sacrum. The children usually die soon after birth, seldom reaching the age of twelve months. Paralysis of the bladder, rectum and lower extremities is not present in all cases. Chronic hydrocephalus, as well as spina bifida, are at present more of a pathological than therapeutical importance. The methodical dressing with strips of adhesive plaster, combined with absorbing remedies, seems to do best for hydrocephalus. Puncture, ligature and compression are only of palliative value in the treatment of spina bifida. The spontaneous bursting of the sac, with subsequent inflammation, is said to have resulted, in several cases, in complete recovery. But this natural cure has not yet been successfully imitated. Dr. T. J. Behrend has cured a case by painting collodion over the tumor, first mixed with castor-oil, then alone, and the internal use of calomel. After being exposed to the air long enough to dry the application, the tumor was

covered with wadding and this secured by adhesive plaster. Later a small gutta-percha plate, enveloped in muslin, and held in position by a bandage, was substituted.—*Journal für Kinderkrankheiten.*

---

## Correspondence.

---

BOSTON, MASS., November 9, 1861.

MESSRS. EDITORS:—The annual course of lectures of the Harvard Medical School was successfully inaugurated last Monday, by an introductory address, from Prof. O. W. Holmes. There was a very large attendance of literary and medical gentlemen, aside from the regular class. The address seemed to me to be one of the *best* efforts of the “autocratic” doctor. His subject, “Some points of Contact between our Knowledge and Ignorance in Medical Science,” opened a wide field for the lecturer’s observation. His review of chemistry, anatomy, physiology and their relation to the laws of force, was replete with logical deductions, adorned and beautified in the author’s own peculiar style. No abstract of the lecture would do justice. It was learned, descriptive, eloquent, amusing, patriotic and poetical. The prospect of a large class of students is quite flattering.

Another benevolent institution, for the alleviation of the poorer classes in the community, has been added to the large number already existing in Boston. This week, a new Home for Aged Men was opened and dedicated, thus adding another link to that chain of generous and humane charities, for which our city has been and now is conspicuous, in all of the philanthropic objects for the promotion of the health and happiness of the unfortunate.

It will be recollected that Dr. Hayes sailed from Boston in July, 1860, to explore once more the Arctic region. His expedition has recently returned. A narrative of the voyage—from the Doctor’s own lips—giving the particulars of the expedition, an account of the places visited and the many thrilling incidents, is full of interest in a medical and scientific point of view. I can not allude to only two or three facts. He went into winter quarters on the 9th of Sept., near Cape Alexander, in latitude  $78^{\circ} 17'$ , longitude  $72^{\circ} 30'$  west. During four months of absolute darkness, notwithstanding the intense cold, the health of the company was exceedingly good. Many amusements were devised to pass away this gloomy period, among them, a weekly

paper was published ; the literary corps consisting of an editor-in-chief, censor, a fighting editor, and a "printer's devil." There were two deaths : the carpenter, from congestion of the brain, having been found dead in his berth ; and the astronomer, who died, probably, from cold and exhaustion, having broken through the ice while out taking observations—and being obliged to sleep in ice houses. The lowest temperature recorded was 68 degrees below zero. This is probably the lowest temperature at which any white men have ever traveled. The expedition reached  $81^{\circ} 35', 40$  miles further north than the latitude obtained by Dr. Kane in 1854. On his return, the medical society of Halifax, Nova Scotia, gave the Doctor a magnificent entertainment. Some of the results of the expedition show that Dr. Hayes and his companions are deserving of a generous welcome for their scientific efforts, which are as follows : "The completion of the survey of Smith's Sound ; the discovery of a new channel at the westward of Smith's Strait ; the confirmation of Dr. Kane's theory respecting an open polar sea ; the determination of the magnetic dip ; the declension at many points within the arctic circle ; surveys of glaciers, by which their rate of movement is determined ; pendulum experiments, and hydrographic surveys ; a continuous set of meteorological observations ; a large collection of specimens of natural history ; a valuable collection of geological specimens ; the accomplishment of a higher north latitude than ever before attained upon land ; a large collection of photographic views of the country, icebergs and settlements of the natives."

As an act of patriotic liberality, I would record the fact, that Lieut. Moses S. Herriet, of this State, the first unfortunate soldier, who lost his leg at Washington, was presented this week with a beautiful artificial leg, by Palmer & Co.

B.

---

#### Letter from Gilead, Ohio.

GILEAD, WOOD COUNTY, OHIO, November 8, 1861.

MESSRS. EDITORS :—In the November number, just received, under the head of "Some New Formulæ," you publish a recipe for asthma, by J. Sims & Son, taken from the *Druggist's Circular*, in which some one has made a great mistake.

You have it as follows : Iodide of potassium, *half an ounce* ; fluid ext. lobelia, *one drachm* ; water, *fifteen drachms*. Mix. Dose, a teaspoonful.



The correct formula from the *Circular* is: Iodide potassa, half a *drachm*; fluid ext. lobelia, one *ounce*; water, fifteen *ounces*. Dose, a teaspoonful.

My attention was called to it by one of our physicians bringing in one of Tilden's *Journal of Mat. Med.*, to have the prescription filled, for a case of asthma. I thought the *dose* would be rather *strong*, and, on looking over a file of *Circulars*, I found the recipe (as corrected) in the April number.

Please correct, or publish this (as you please) in next number of your journal.

Yours,

A. J. GARDNER, Druggist.

---

### Letter from Camp Chase.

CAMP CHASE, (NEAR COLUMBUS,) November 19th.

MESSRS. EDITORS:—Since writing to you last month, a different set of diseases have prevailed, and a different type has come into rule. At that date, about thirty-five days ago, the general reigning type was typhoid; now it is sthenic, principally, and is growing more so.

As the recruits become habituated to camp life, and the various changes spoken of in my last communication, the peculiar typhoid dysenteries and diarrhœas began to disappear; but before the health of the camp was reëstablished, another kind of epidemic broke out. About 4 o'clock p. m., on the 27th of October, influenza, or catarrhus epidemicus, suddenly broke out throughout the entire camp of the 40th and 42d infantry and the 1st cavalry. The few companies which were in the eastern portion of the camp, remnants of other regiments, were not so extensively visited by the epidemic. The suddenness and simultaneousness of the visitation was a very distinctive feature, and in this, I believe, it resembles such epidemics in general. Dr. Worth, of the 1st cavalry, and Dr. Pomerene, of the 42d infantry, as well as myself, marked the period of its beginning. These three regiments are encamped within a space of about half a mile in extent. I have not been able to learn that the country around or the city of Columbus has had any similar visitation. The Sunday on which the disease commenced was a very warm, pleasant day—decidedly pleasant for the time of year.

The symptoms were not peculiar from other epidemics of influenza: headache, backache, aching of the limbs, fever and cough, preceded generally by chills, sometimes quite severe. In some cases there were several chills during the first day. The cough was similar

to the cough of rubeola, but in most cases much more moist. Sudden and frequently great prostration of strength was a constant attendant of the attack. This epidemic, like other epidemics of influenza, plainly manifested its cowardly nature by exhibiting a decided preference for those persons who were already enfeebled by other diseases, consequently most of our convalescents and feeble soldiers were the victims of it. Only two persons in the entire camp have died of it, and those as a consequence of its seizure upon an existing diseased condition.

I am informed, by Dr. Gay, the post hospital surgeon, that the epidemic has within a few days spread more among the scattered companies, which occupy that part of the camp that lies east of the 40th, being about one-third of a mile in extent eastward.

Rubeola has had an extensive run in the camp, particularly in the 40th regiment. We have had about fifty cases constantly on hand for about three weeks. The primary symptoms of measles and the influenza have in numerous cases so closely resembled each other—were so much one, as I might say,—that it was found impossible to say which disease it was; this has been remarked by the other medical gentlemen of the camp. Of this, however, we have not made much difficulty, for we treated the urgent symptoms of both diseases identically. Sore throat and redness of the fauces and palate were common to both diseases, and some real cases of diphtheria of a mild form were distinguished only by the formation of small patches of membrane. I have prescribed generally for the urgent symptoms of these cases:

R Chlorate potassa, ʒ xvj.  
Camphor, ʒ jv.  
Ipecac, ʒ iij.  
Opium, ʒ ij.

M. Dose, grs. x. to xv.

This, you will see, resembles somewhat pulv. doveri, but is quite superior to it for this kind of disease; for it is much more diffusible, and does not generally constipate. I do not consider the chlorate, from anything I have ever seen of its action, to have any of those peculiar and marvelous life-preserving qualities which many seem to think it has; but it is refrigerant and diaphoretic, and somewhat diuretic—much better adapted to combination with opium and ipecac than the sulphate, which is practically inert, or the nitrate, which is deliquescent. But a truce to this digression.

For about a week past the type has been still more sthenic, and the cough in these various cases tight, so much so that Dr. Kalb, my most

excellent assistant, who did the principal prescribing for several days, began to prescribe antimony, and it has worked admirably.

We still have some typhoid cases of disease, with red, tremulous, and peaked tongues. (By the way, your printer in the last number made me say "*palsied*" tongues, when I had written *peaked*; that was a ludicrous mistake.)

If the view which I expressed of the cause of the typhoid type was correct, the change of type which has taken place is just what should have been expected, because most of the recruits have become *soldiers*, and accustomed to the change.

The principal thing worthy of remark, concerning the large amount of measles treated here, is that the cases have all got along extremely well, although most of them lay in quarters very much open. I have sent but few to the hospital from the 40th regiment, having early observed that those who from choice remained in quarters got well sooner and were hardier afterward. I have seen many a patient, within the last four weeks, lying on boards, with nothing but a blanket intervening, and in some instances straw also, being of course well-covered with blankets, with the intervals between the board-walls, close by the head and the whole length of the bed, so wide that nearly a hand might be put through them, and the door open much of the time, with no fire in the house, and no ceiling but a peaked board roof—in short, nearly the same as out of doors; such patients uniformly get along quick and easy. The patients who coughed the worst, and were the most hoarse, were those who made their bunks warm, and sometimes two in a bed for the sake of insuring more warmth. I invite physicians to remember this remark.

ALEX. MCBRIDE, M.D.,

Surgeon to 40th Regiment O. Vols.

---

*Belladonna as an Anæsthetic.*—Prof. Githa relates (*Wiener Mediz. Wochenschr.*) a case of herniotomy in which belladonna produced a remarkable narcotic effect, after ether and chloroform, tried for a long period, had failed to induce insensibility. Besides rubbing the abdomen with the extract, about a scruple had been injected into the rectum. A deep sleep of twelve hours followed; no other signs of poisoning presented themselves than the dilatation of the pupils. It is suggested that the anæsthetic effect was due to the combined action of the substances employed, and that they might act as mutual correctives of each other. In cases like this, proving refractory to the employment of chloroform, a mixture of chloroform and atropine should be tried.—*Amer. Med. Monthly.*



## Reviews and Notices.

---

*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by Four Colored Lithographic Plates and Ninety-nine Wood Engravings. New York: S. S. & W. Wood, 389 Broadway. One vol., pp. 731.

We approach the critical examination of this new book by Dr. Bedford, with something of the same feelings that we cut the leaves of a new novel from the fertile pen and brain of an author who has made his mark in the domain of letters. Does he sustain himself? and is it all that we had the right to expect? The flattering success which attended the *Clinical Lectures on Diseases of Women and Children* by Prof. Bedford, passing through its rapidly repeated editions, had prepared us to regard with unusual interest this systematic treatise on *The Principles and Practice of Obstetrics*; and, indeed, were it ever so execrable a work, it would very certainly command more than the passing attention of the profession, and prove a happy windfall for the reviewers. It affords us, however, sincere pleasure here at the outset to say that this is no failure: our just expectations of the author of the *Clinical Lectures* are fully met. The book before us is a most excellent one—well fitted to be made an American text-book in this great department of practical medicine.

Some books are devoted to the exposition of new facts and thought: some books simply do an editor's task—they gather up and arrange the floating material that is otherwise lost in the confusion of fact and thought every where scattered abroad; still some other books happily blend the new and old—they give system—they gather up the new—they originate and express personal experience. To this last belongs the work before us. Our author has with judgment and clearness given us the established teachings in the science and art of obstetrics; he has gathered up the most recent discoveries and facts in the physiology and therapeutics of his theme; and yet nowhere at no time does he overlook his personal opinions, theories, and experience. We thus have presented to us a degree of individuality that is pleasantly refreshing in these days of flunkeyism and imitation.

Our author has adopted the lecture style in this book, which, while it permits the most rigid observance of method and symmetry in ar-

rangement, still enables him to indulge in the pleasant, attractive familiarity of personal address.

With our limited space we scarcely expect to do justice in any attempt to analyze this work—and yet we hope to give an idea of its plan and character.

The first lectures of the volume are properly devoted to a demonstration of the anatomy of the parts concerned: the bones of the pelvis—the organs of generation—the foetal head—the mechanism of labor—and kindred topics. Six lectures are occupied in this manner, and in them we have nothing especial to remark beyond the clearness of expression, and the very excellent illustrations which are introduced, some of them, indeed, so far as we remember, being entirely original. Of these introductory lectures, the fourth, devoted to the mechanism of labor, deserves perhaps more than a passing notice; the whole subject is treated with that completeness its importance demands. What we notice, however, as most excellent, is the discrimination our author makes between the reliance to be placed in physiological laws, and the timely intervention of art. He dwells largely upon the efficacy of nature and deprecates the undue officiousness of art. Still he proceeds to remark—"If nature be really so full of wisdom and so bountiful in her provisions, it may be urged that she requires no assistance from science, being thoroughly adequate to the efficient discharge of her duties."—"But it will sometimes happen that *she* is *contravened* in her arrangements by circumstances that she can not control, and therefore her relief must be found in the *judicious interposition of science*."—"To be her substitute, in truth and effect, you must have been her disciple, and learned from her teachings the series of processes which in the aggregate make up what is known as the mechanism of labor."

But we must hasten along. Next in order are discussed with sufficient fullness, and giving the freshest researches, menstruation and reproduction. Next several lectures are occupied with the consideration of pregnancy. Dr. Bedford, very correctly as we think, teaches that gestation is not a pathological condition—the following being his conclusion after an array of argument:

"So far, then, from regarding gestation as a pathological state, we maintain that, as a general principle, it is entitled to be denominated a *period of increased health*. I am speaking now of the general rule, and not of the exceptions, to which we shall hereafter have occasion to direct your attention. Indeed, some of the very best observers have declared—and the fact is well established by statistical data—that the probability of prolonged life is increased as soon as pregnancy occurs.

Let us now take the converse of this proposition, and you will see in its results an additional proof, that gestation is not in truth a diseased condition ; look, for example, at those females who, either from choice or necessity, lead a life of celibacy, and see how much greater is the record of their mortality. Marriage and pregnancy, therefore—however true religion and an earnest love for God may fill the cloister by devoted and self-sacrificing ladies—should be regarded as among the covenants of nature, and the demonstration is found in the fact of the better health and greater longevity of those who keep these covenants inviolate.”

The nineteenth lecture treats of abortion, suggestive of most important practical reflection. In opposition to the opinion of Madame La Chapelle, that abortion was like to occur most frequently about the sixth month, our author contends that abortion is most frequent during the earlier months—say, from the first to the third. Further along we find the following statement, which should serve to all of us as a most serious practical admonition, as well as encouragement for perseverance in our efforts to avert an abortion, he says : “ *I have known women to lose immense quantities of blood in a threatened abortion, and to be apparently moribund from exsanguification, and yet they have rallied and gone on to full term.*”

In this connection we must not omit to quote from our author, though taken from quite another part of the book, in reference to the question of the “induction of abortion—is it ever justifiable?” There are very intelligent and professedly moral men and women everywhere throughout this country, who seem to think with Jörg of Leipzig, that the human foetus is “only a higher species of intestinal worm”—and hence an abortion produced in the early months of pregnancy is as harmless as the expulsion of the worm. Our author places himself on the record as follows : He teaches that an abortion may be induced with propriety—“1st, When the maternal passages are so contracted—no matter from what cause—as to render it certain that a *viable* foetus cannot be made to pass ; 2nd, When the maternal passages are normal, but the mother’s life is involved in alarming peril by the occurrence of some serious complication ; such as convulsion, hæmorrhage, or excessive vomiting. It is manifest that the moral part of the question turns upon the simple interrogatory—Is the embryo in the earlier stages of its existence a living being ? All correct physiology demonstrates that it becomes in truth, at the very moment of fecundation, imbued with vitality—the contact of the sperm-cell and germ-cell constituting the *act of the breathing of life.*”

Lecture twenty discusses molar pregnancy, wherein a very impor-



tant doctrine is taught, to-wit :—That the expulsion of a mole from the uterus by no means necessarily implies a blighted conception or the fact of any previous sexual intercourse. The truth of this proposition is manifestly a very important one in its medico-legal relations ; the reputation of a woman, married or single, may be blasted, or her chastity or infidelity decided, by the opinion a medical man may give upon this question. *Some* of these bodies are undoubtedly blighted conceptions ; others, however, our author styles *false moles*, and have no connection with sexual intercourse for their origin. He proceeds very carefully to point out the discriminating distinctions.

Dr. Bedford in his teachings evidently belongs to the school of conservative obstetricians. Several lectures are occupied with the consideration of instrumental delivery : of this portion of the work we have only time and space to express our gratification at the consistent and uniform deprecation expressed against indiscriminate instrumental interference ; numerous appalling examples of injury and death having been occasioned by the use of the forceps, where nature would have accomplished a safe delivery.

The concluding lectures—forty-four, forty-five and forty-six—treat of puerperal fever, puerperal mania, and the use of anesthetics in obstetrics.

Our author concurs fully in the view that puerperal fever is a “veritable toxæmia”—that is to say, he subscribes to the recent doctrine that it is a *zymotic* disease ; and that it is a *contagious* disease ; but we can not follow him at length through the consideration of the lesions, diagnosis and the treatment.

After expressing his decided preference for sulphuric ether as an anesthetic, he proceeds to discourage the general use of anesthetics in natural labor. Still he thinks their judicious administration as a general rule may be employed “during parturition with safety to both mother and child.”

We have thus hastily sketched an outline of the book before us. Our remarks have necessarily been somewhat extended, and yet we should have been glad to say much more, so interested have we been in its examination ; we conclude, therefore, as we began, by repeating our great satisfaction with this work, and cordially commending it to our readers as a complete and most attractive text-book on the science and art of obstetrics.

We must not fail in conclusion to express our gratification with the manner in which the publishers have performed their task : the paper and letter-press are most excellent ; though we doubt the propriety of

putting so good a book—one of such frequent reference—in unsubstantial cloth binding.

For sale in Cincinnati by Robt. Clarke & Co. Price \$4.50.

---

*Medical Jurisprudence.* By ALFRED S. TAYLOR, M.D., F.R.S., etc., etc., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Fifth American, from the Seventh and revised London edition; edited, with Additions, by EDWARD HARTSHORNE, M.D., one of the Surgeons to the Pennsylvania Hospital. Philadelphia: Blanchard & Lea, 1861.

Our readers are familiar with the former editions of this work; we therefore do not deem it necessary to say more than is said in the title-page. In some respects, it is a better work than that by our countrymen, Wharton and Stille. The present edition is up with the level of the science of the subject. Dr. Taylor, it is well known, is the great authority, in England, on all questions of a medico-legal character.

We can recommend this book to those of our readers who desire a work on the subject. It is well printed and bound. For sale by Geo. S. Blanchard, at \$3.25.

---

### Editor's Table.

---

*End of the Year.*—With this number terminate the labors of another year; and with it, we regret to announce the suspension of the *Cleveland Medical Gazette*. As is known to all the readers of those two publications, the *Lancet and Observer* and the *Medical Gazette*, for nearly two years past, have been the same journal; the business affairs of each, however, being entirely distinct—the business affairs of the one not influencing the other. We part with Prof. Weber, as an associate, and as a member of the general fraternity, with sincere sorrow. To know Gustav Weber, is to esteem him for his many virtues, and honorable deportment; and although he retires, for the present, from any connection with medical journalism, we shall expect that the readers of this journal will continue to hear from him, and realize that he can still “make a sign.” And now for

*The Future of the Lancet and Observer.*—The pecuniary and national distress of the year have seriously embarrassed our affairs, but not to an extent which, for a moment, leads us to anticipate any suspension of our regular publication. We shall call the more earnestly on the

profession to sustain their organ ; but we do not expect to call in vain. Never, in the history of American medicine, was there a time when medical men could so little afford to do without their supply of medical periodicals. Every medical man in the country is absorbed in the startling events which are daily taking place ; and in this great drama, medical men are performing a quiet, but most important part. Every medical man in the country is directly or indirectly interested in the progress of military medicine and surgery, and in the many phases of medical army intelligence. We shall see to it that the readers of the *Lancet and Observer* are kept posted in all these matters ; not by any means losing sight of the abundant variety of topics which have enriched our pages heretofore.

Whatever may be said of the peculiar value and excellencies of the *weekly* medical journal—and we have several most capital ones,—and whatever may be said of the maturer excellence of our medical *quarterlies* and *semi-annuals*, the *medical monthly* must always be a favorite with the great mass of practitioners, and an indispensable to every growing, reading physician. For more than *twenty years*, the *Lancet and Observer* has been the recognized organ of a large medical population of this interior western valley ; and from the extent and character of its contributors, as well as its extended circulation, we may safely, and without improper egotism, pronounce it certainly *the leading journal of the West*. We are determined it shall thus continue. These times are trying the stability of medical journals as in a fiery furnace—and already many have been compelled to yield to the pressure. We trust that, in view of these things, all our old friends and ancient readers will make it a *personal matter* with each one, to work in our behalf, and individually lend their aid in sustaining an independent medical journal. May we not also ask of the friends of the *Medical Gazette* to transfer their allegiance to the *Lancet and Observer*, until Dr. Weber sees his way clear to revive his enterprise ?

---

*The Cleveland Medical Gazette.*—We are sorry to announce to the subscribers of the *Cleveland Medical Gazette*, that we shall discontinue our publication, after this number, for the present. Our subscribers have, in these times of war, so unmercifully given us the slip, that we have come to the conclusion that our subscription-list is rather an uncertain document, with which to settle the liabilities incurred by the publication of our journal. The support which we received from our subscribers has been, from the commencement of our enterprise, a very generous and liberal one, exceeding even, till the very outbreak of our



national troubles, our most sanguine expectations ; we can, therefore, but ascribe the almost total failure, on the part of our friends, to encourage us with word, look, and act, to the unsettled political and financial condition of our country.

Our bump of self-esteem is sufficiently developed to allow the conviction, that nothing short of rebellions, or revolutions of such vastness as those which now try to undermine our temple of liberty, could have withdrawn temporarily the good feelings and support which the profession has bestowed upon us.

We wish, therefore, to have it, at this moment, understood, that we only surrender our tripod conditionally, *i. e.*, with the privilege to resume it whenever the clash of arms and roar of cannon shall have died away, and peace shall reign supreme in our land !

To those few of our subscribers who have remitted us their subscription for the entire year ending July, '62, we desire to say that, if they so choose, we will send to their address a copy of the Cincinnati *Lancet and Observer* for the next half year—if not, we shall refund the money due them. The Cincinnati *Lancet and Observer* commences a new volume with the first of the year, under the editorial management of the gentlemen with whom we have been heretofore connected in the publication of our journal, and whose zeal and labors our readers have had ample opportunity to admire.

Although retiring ourselves with the discontinuance of the *Gazette*, also, from the editorial chair of the *Lancet*, observe, we do not intend to sever all our connection with the destinies of that periodical, but, on the contrary, exert all our influence to promote its prosperity, and the realization of its mission !

Such of our subscribers who are in arrears with their subscriptions, would oblige us exceedingly by sending us soon what is justly our due.

GUSTAV C. E. WEBER.

---

*To Delinquents.*—This is no time to stand on ceremonies. We close up the year with entirely too many unpaid subscriptions on our books—some of them, indeed, having been indulged for one, two, three years, and here and there one for longer even than that. With the new year, we open a new set of mail-books ; and, before the issue of the January No., we shall give our list a complete and thorough riddling. We have no subscribers who are not quite as well able to pay for their journal, as we are to send it for nothing. If the journal, therefore, is not worth the money, we shall stop sending it, *of course* ; delinquents, therefore, will confer a mutual favor by responding to

this paragraph without further notice or delay. We wish to hear from every subscriber on our books—*especially such as are in arrears*—within the course of the next month; otherwise, unpleasant as it may be, we shall be obliged to erase a large number of names from our list.

---

*Reduced Rates.*—So far as possible, we desire to establish a uniform advance price for the *Lancet and Observer*. We, therefore, announce that, henceforth, the *terms are reduced to Two Dollars* per annum, to all *strictly advance-paying* subscribers, or to those remitting before the 1st of April; otherwise, we retain the old rate of *three dollars*; and, notwithstanding the apparent discrepancy, we vastly prefer that all our subscribers avail themselves of the inducement now offered. It is far better for us to have a positive cash list at \$2, than to depend on our old uncertain payments, at even a difference of fifty per cent. in our favor. With this reduction on our part, we hope every subscriber, new and old, will, before the issue of our January number, remit his \$2 for the ensuing volume, and, with this new arrangement, we shall still rely on our old friends to exert themselves all the same, and all the more, to secure to us new subscribers and new clubs. Will each old patron secure a new one for 1862?

---

*Cleveland Medical College.*—The Cleveland Medical College opened its session on the sixth of this month, with a very fair number of students, considering the times, when one of every forty of inhabitants has gone to fight the battles of the Union.

The introductory lecture was delivered by Prof. Alleyne Maynard; and a very able production it was, fully justifying our most sanguine anticipations, and high opinion we have formed of him as a finished lecturer.

---

*Southern Breezes.*—Passing events inspire the heart of every patriot with new hope. The ear, almost accustomed to the sad tidings of defeat and adversity, catches with alacrity the sounds of shouts of victory, as they are wafted by the breeze from South Carolina's shores, to cheer up the northern heart. Never before was southern breeze so invigorating to our constitution, as the one that unfurled the star-spangled banner on the ramparts of Fort Walker, and then sped on to thrill every nerve of every loyal citizen of the United States.

Southern breezes were looked upon as rather depressing, in times gone by—they never agreed with us, individually; but such as the last one, our very nature craves—every avenue to our heart is wide open to

catch every breath of such. Let us hope that the God of battles will continue to smile upon our sacred cause, and give us the benefit of some more such southern breezes. We feel it in our bones they will come—they must come; for we of the North shall not stay behind our friends of the South, in politeness, but return the compliment with such tornadoes as will sweep treason and traitors from every inch of our land.

---

*The Regular Medical Schools of Cincinnati* have each about sixty students in attendance on lectures this winter. The introductory lecture of the Medical College of Ohio was delivered by Prof. Saylor. No introductory was given in the Cincinnati College of Medicine. Thus far we hear but meager reports of the schools; we understand, however, there are no lectures in Louisville or St. Louis; Eastern journals report a flourishing condition of the schools in Boston, New York, and Philadelphia. By a statement in the *Philadelphia Reporter* the following figures are given: University Med. Col., N. Y., 200; College of Phys., about 125; Bellevue Med. College, 60. In the University of Penn., about 275; Jefferson Med. College, about 250.

---

*A New York Surgeon Abroad.*—Dr. Sims, founder of the New York Woman's Hospital, is at present in Europe, and is attracting the attention of the profession in London and Paris. We see it stated that he operated for vesico-vaginal fistula in Paris in the presence of M.M. Ricord, Velpeau, Nélaton, and Jobert. It is also stated that efforts are being made by some of the medical and surgical worthies of London to induce him to make a permanent residence in that city, a hospital being offered him for his specialty. Another instance how truly it is that a prophet is not without honor save in his own land.

---

*Inauguration of Bellevue Hospital Medical College.*—The trustees, faculty and students made a gala-day of the inauguration of this college. In addition to the inaugural lecture of Prof. McCready, speeches were delivered by Prof. Taylor, president of the faculty, Hon. S. Draper, Archbishop Hughes, and the Rev. Dr. Chapin. In addition to this "feast of reason and flow of soul," the physical man was provided for by a splendid collation. The exercises, commencing at 12 m., were not finished till quite dark. A great crowd of ladies and gentlemen were present. The most interesting event of the occasion was the arrival of a patient with a shattered leg requiring amputation, which was "*performed at once, by Dr. Jas. R. Wood, with his usual*



ability." The New York *Daily Times*, which gives a long account of the proceedings, leaves its readers to infer that the operation was performed before the distinguished audience. We presume that it was. A lecture on typhoid fever, and one on ulceration of the os uteri, would have been quite as appropriate. We have asked ourselves frequently whether the profession in New York city has forgotten the code of ethics, which forbids all operations before *laymen*? We presume it has, or such proceedings as the one above alluded to would be frowned down by all honorable men. Is it not time that distinguished professors should cease to resort to the tricks of mountebanks and quacks to build up their schools?

---

*To Correspondents.*—We have on hand articles from quite a number of valued contributors, and some of them have been on file for a longer period than is pleasant to their authors or ourselves. Our friends must have patience—we do the best we can. We also have the transactions of several medical societies, for which we have no room this month.

In our last number appeared a communication from Surgeon McBride, at Camp Chase, near Columbus, without any signature. This was an oversight on our part, but quite as much so on the part of the Doctor—his communication *had no signature*. We are sometimes censured by our correspondents for typographical errors, when it would defy a "Philadelphia lawyer" to decipher the original manuscript. In such cases we correct, arrange, give orthography and English language so far as possible; but we are not *always* at absolute leisure, and, if so, do not claim *entire* infallibility.

An esteemed correspondent, who appears somewhat sensitive as to his new titles, since he wears a sash and sword, will observe that in our present issue we do him full honors—in return for which he is respectfully solicited not to spell *Stevens* with a *ph*, and for the future to address that respectable gentleman as *Dr.* and not *Mr.*

---

*Dr. Gans on Puerperal Fever.*—We give the second part of this valuable paper, as read before the Cincinnati Academy of Medicine. Next month we shall give the third and remaining part. The paper has been followed in the Academy by a full and interesting discussion, running through several meetings. Following the publication of these papers, we propose to give a large portion of the discussion—as much at any rate as we can find room for.

---

*Courtesy.*—Our acknowledgments are due our cotemporary of the *Philadelphia Reporter* for honorable mention made of our journal.

*Our thanks* are due to a number of our valued exchanges for back and missing journals—by which we are thus enabled to complete our files; we hope we may be able to reciprocate these favors.

---

*A New Work on Medical Jurisprudence.*—We are pleased to learn that Dr. Stephen Smith, of New York, is engaged in the preparation of a work on this subject—"In its application to the practice of medicine, surgery, and midwifery, in the United States." He solicits information from members of the profession, in regard to trials for alleged malpractice, including the notes and charge of the presiding judge in such suits, or the notes of the legal gentlemen engaged."

---

*Plagiarism.*—Besides some articles taken from our pages with due acknowledgment, the September and October number of the *Journal of Materia Medica* makes rather free use of our abstracts without mentioning the source whence they are taken. We have expressed, before this, our satisfaction, if the matter furnished to our readers is found worth copying by our cotemporaries, but the abstracts in particular require so much care and labor that we can not consent to see about fifteen pages of them abstracted without even a slight bow or a bashful "thank you!" Copy as much as you please, gentlemen, but do not forget to say who prepared your *selections*!

---

*A second Military Hospital* has been recently organized in Cincinnati, under the medical charge of Dr. C. McDermont. The Sisters of Mercy have charge of the nursing department, and perform their duties in their usual efficient manner. The appointment of Dr. McDermont to this post is a most excellent one. The building used is a portion of the old German Catholic Asylum, on Third street.

---

—Drs. Monneret, Physician to Neckar Hospital, and Noel Guenean de Mussy, Physician to La Pitié, have been transferred to Hôtel-Dieu, Paris, to fill the places made vacant by the decease of Drs. Piedagnel and Legroux.

---

—At a recent meeting of the British Medical Association, Dr. W. A. Hammond, assistant surgeon U.S.A., was elected an honorary corresponding member.

---

—The Government has secured the Girard Hotel, Philadelphia, for a Military Hospital.

### Army Intelligence.

---

*Information for Persons desirous of entering the Medical Staff of the Army.*—No person can receive the appointment of Assistant Surgeon, unless he shall have been examined and approved by an army Medical Board, to consist of not less than three Surgeons or Assistant Surgeons, to be designated for that purpose by the Secretary of War; nor can any person receive the appointment of Surgeon in the Army of the United States, unless he shall have served five years as an Assistant Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.

Boards of Medical Examiners are convened at such times as the wants of the service render it necessary, when selections are made by the Secretary of War of the number of applicants to be examined for appointment of Assistant Surgeon. To the persons thus selected, invitations are given to present themselves to the Board for examination. These invitations state the time and place of meeting of the Board.

*Applicants must be between twenty-one and thirty years of age.* The Board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably in no case admitting of a reasonable doubt.

The Board will report the respective merits of the candidates in the several branches of the examination, and their relative merit from the whole; agreeably whereto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination, may be allowed a second, after two years; but never a third.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (*references will receive no attention*) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments, will be entitled to transportation on obeying their first order.

The pay and emoluments of Surgeons and Assistant Surgeons are as follows: *Assistant Surgeon*, under five years service, \$53.33 per month. Rations, per month, \$36; forage allowed for one horse, \$8 per month. One servant, \$12 per month; clothing for servant, \$2.50 per month. Servant's rations, \$9 per month. Total amount for servant, \$23.50 per month. Total amount receivable, \$120.83 per month.

*Assistant Surgeon*, over five years service, \$70 per month. Rations per month, \$36. Forage for one horse, \$8 per month. One servant,



\$12 per month. Clothing for servant, \$2.50 per month. Rations for servant, \$9 per month. Total amount for servant, \$23.50 per month. Total amount receivable, \$137.50 per month.

Total amount receivable by Assistant Surgeon, of over ten years service, \$173.50 per month.

*Surgeon under ten years service*, \$80 per month. Rations, \$36 per month. Total amount for servants, \$47. Aggregate amount receivable, \$187 per month. This includes the allowances for horses and servants. *Surgeon over ten years service*, \$80 per month. Rations, \$72 per month. Total amount for servants, \$47 per month. Aggregate amount receivable, \$223 per month.

The allowance for forage and servants is only paid to the Surgeons and Assistant Surgeons when they actually employ and keep in service the number of servants and horses charged for.

In addition to the above, Surgeons and Assistant Surgeons are allowed an additional ration per day, after the termination of every five years' service.

WAR DEPARTMENT, *January, 1860.*

---

*The Military Hospital in Cincinnati.*—We take the following complimentary notice of Dr. W. H. Mussey, from the *Boston Medical and Surgical Journal*. We have only to add, that Dr. Mussey has received his order assigning to him the medical charge of the Hospital, and has entered upon the discharge of his duties.

“In the papers of the Sanitary Commission, which we have already noticed, flattering mention is made of a private military hospital recently established in Cincinnati by Dr. William H. Mussey, of that city. In order to carry out his benevolent design, Dr. M. succeeded in obtaining permission from the United States government to occupy the Marine Hospital, a costly edifice, admirably adapted for the plan proposed, and its spacious wards were soon filled with accommodations for the sick. So early as June, according to the report of the Commissioner, nearly fifty sick soldiers had been thrown upon his hospitality. As this is the only military hospital in Cincinnati, much praise is due this distinguished surgeon for his zeal and energy in so effectively executing his humane purpose and lending his valuable professional services to the work. Dr. Mussey has recently been appointed Brigade Surgeon, with the charge of the Military Hospital, and possessing, as he does, talents of a high order and the prestige of a name that will ever adorn the annals of surgery, he cannot fail to gain fresh laurels in the new field upon which he has entered.”

---

—Dr. Oscar Heyfelder, Prof. of Surgery at the Imperial Medical Academy of St. Petersburg, Russia, author of the latest work on Excision of Bones, has authorized Prof. Louis Bauer, of Brooklyn, N. Y., to tender his services to President Lincoln, for the United States Army, during the war.

## Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

### PRACTICAL MEDICINE.

1. *Treatment of Neuralgia*.—This must be considered, says Dr. Sieveking, under two main points of view : mitigating the pain in the paroxysm, and meeting the morbid condition upon which the pain depends. Amongst the various remedies proposed to meet the first indication, opium and its preparations, applied locally or given by the mouth, occupy the first rank. But they rarely, if ever, suffice to effect a cure without the aid of other agents of an alterative or roborant kind. Opium or morphia may be laid on the unbroken surface in conjunction with hot fomentations or poultices. If used endermically, the anodyne powder is sprinkled over the cutis, after the epidermis has been removed ; or a solution of morphia may be injected into the cellular tissue by the aid of a small syringe. The application should, of course, always be made at the seat of the pain, or as near to it as possible. This holds good equally of veratria, aconite, chloroform or belladonna, of hot fomentations, turpentine stupes and counter-irritants.

The external application of tincture of opium with moist heat is often of great use in the milder forms of neuralgia. It is important that the medical man should himself apply the fomentations in the first instance, and take as little for granted in the sick-room as possible. The endermic application of morphia can not be used where the disease is very paroxysmal, or the attacks of pain very brief, but in protracted cases, for instance in gastrodynia, it is often of great value. Blister a space of the size of a five-shilling piece, remove the raised epidermis and sprinkle over the surface a powder containing one grain of morphia to four grains of white sugar ; then apply a simple dressing. Three or four powders may be applied in this way on successive mornings, or at still shorter intervals. There is generally a little smarting pain at the time of the application, but soon after relief generally ensues. In the anomalous pains of the back accompanying uterine and ovarian derangement, the endermic application of morphia to the lumbar or sacral regions is often of decided service.—*London Lancet*.

2. *Terebinthinated Caoutchouc in Phthisis*.—Caoutchouc in the solid state is not digested, but passes the intestinal canal without alteration ; but dissolved in turpentine it becomes capable of being assimilated, and as, chemically, no respiratory food can be richer in carbon and hydrogen than pure caoutchouc, which consists of only these elements, Dr. Hannon recommends it (*Revue de Therap., Med.-Chirurg.*), properly diluted, for the treatment of pulmonary consumption. He macerates one part of it, cut in very thin and very narrow slices, in two parts of the essential oil of turpentine, until dissolved. The solution

thus obtained is brown, and of a syrupy consistence. It is made into an electuary with syrup of elder and a few drops of essential oil of bitter almonds. The doses of this electuary is four teaspoonfuls a day, two in the forenoon and two in the afternoon, with an interval of two hours between them. The dose may be gradually increased, as the stomach can bear, and the patient gets accustomed to the taste and smell of the turpentine. This administration must be continued daily, until the symptoms of the pulmonary affection disappear, and even afterwards, only with diminished doses. Under the influence of the terebinthinated caoutchouc, it is asserted that expectoration diminishes rapidly, oppression ceases, night-sweats disappear, diarrhœa and fever stop, strength gradually returns and emaciation gives way to embonpoint. Other appropriate treatment need not be excluded, but it is indispensable to give the prepared India rubber through the whole continuance of the treatment.—*Amer. Med. Monthly.*

3. *Hypophosphites in Phthisis.*—Dr. J. R. Bennett treated twenty cases of phthisis, taken without selection, with Churchill's hypophosphites of soda and lime. In only nine cases the disease did not steadily advance under the treatment, and of these nine not more than four manifested any decided improvement. Of the permanency, however, of this improvement no proof was obtained.

If useful at all, the hypophosphite of soda allayed somewhat the irritability of the stomach and improved digestion, an effect not unusual to small doses of alkalies. The hypophosphite of lime appeared a little more useful, proving of signal service as an antacid and tonic, particularly in great irritability of the stomach and bowels. A saccharated solution of lime, however, answers the same purpose. There is no more evidence of any specific anti-tubercular action exerted by the salt of lime than by the soda salt.—*Med. Times and Gaz.*

4. *Liquor Potassæ in Phthisis.*—In addition to some former trials, relating to the effect of hydrochloric acid on consumption, Dr. R. G. Cotton has made a number of experiments with the liquor potassæ in the same disease, giving fifteen minims two or three times a day. Of twenty-five patients twenty-two appeared to be uninfluenced by the treatment, two slightly improved and one greatly improved. On the whole, it appears that liquor potassæ, in moderate doses, rarely disagrees with consumptive patients, but is quite as rarely productive of any good effect, and that the so-called tubercular crisis is much more likely to be relieved by the mineral acids than by the alkalies.—*Ibid.*

5. *Quinine and Veratria in Typhoid Fever.*—Dr. Vogt has collected and tabulated a number of cases of typhoid fever, treated by sulphate of quinine and by veratria. Although the cases treated by the latter alkaloid were few, he prefers it on the whole to quinine as a remedial agent. He regards both alkaloids useful in typhoid fever, but in different stages and conditions of the disease. The action of veratria is more direct, causes no excitement, and proceeds especially from the spinal cord; that of quinine proceeds principally from the brain and



can not be manifested in a short time without previous excitement. Hence veratria is to be preferred in all febrile diseases which show a rapid and impetuous progress. In typhoid fever it should be employed at the commencement, more particularly when the fever is very acute and the congestion in the head very active. In cases which are more slow in their progress, with a less intense febrile reaction, with hyperæmia more dependent on venous stagnation, and in the latter periods of the disease, when anæmia or adynamia predominates, quinine is preferable. In some cases, both remedies may be employed, the veratria first and the quinine afterwards. The antipyretic power of veratria is greater than that of quinine, for where the latter has failed, the former often succeeds in a very extraordinary degree. In order to obtain the antipyretic effects of quinine, it must be administered till it produces the peculiar noises in the head. The vomiting produced by veratria is more frequently beneficial than injurious. The last-named alkaloid possesses, in typhoid fever, a power far superior to that of quinine in relieving the head, especially in the first stage of the disease, except where the affection of the head depends upon venous congestion. Quinine is preferable in marsh-fevers with a moderately rapid progress and in the other febrile diseases which have reached an advanced period, especially when anæmia and adynamia have already commenced, and where it is not essential to interrupt the febrile action in a short period.—*Bull. Gen. de. Therap.; Amer. Drug-gist's Circ.*

---

## SURGICAL.

6. *Traumatic Tetanus*.—Mr. J. Hutchinson and Dr. J. H. Jackson give a tabular statement of twenty-two cases of recovery from traumatic tetanus, adding the following remarks on the management of the disease. The chief objects in view are: To mitigate the force of the local irritation to which the disease is due; to sustain the patient's strength by food, and lastly, by procuring sleep, to allow the nervous system the opportunity of regaining its wasted powers. If the case be seen in the very onset, and if the injured part be a finger or toe, it is desirable at once to amputate, whatever may be the local condition. If the injury has been severe, and the parts have passed into a state in which recovery is doubtful, amputation should be performed at any stage of the disease. The injured part should be poulticed, and the limb above it wrapped in lint which has been soaked in laudanum or chloroform. The patient should be in a room with but one attendant, and the strictest quietude should be insisted on. If the patient has been accustomed to it, he should be allowed to smoke. The bowels ought to be well cleared out by croton oil or some other efficient purgative. If the skin be very hot, the pulse jerking, and the tongue red and dryish, small doses of calomel may be combined with the narcotic selected. A free allowance of beef-tea, milk, eggs and similar articles of concentrated fluid nutriment should be given, more especially in the later stages of the complaint. As long as the patient is able to take food and to obtain periods of comparative quiet and

freedom from pain, the use of anæsthetic inhalations is not desirable. Great advantages may, however, be obtained from them, if he be unable to open the jaw sufficiently to permit of taking food, or if the tetanic spasms are without remission. Ether appears to be preferable to chloroform. One or other narcotic—opium, Indian hemp, belladonna, woorara—should be freely used. There is no very decisive evidence as to the advantage of any one of these over the others. Excepting possibly in the per-acute cases, the free use of quinine appears to be desirable. If given in large doses, it generally reduces the frequency of the pulse, and in some cases a mitigation of the tendency to spasm has attended its influence. The rapid induction of cinchonism is a measure well worthy of a fair trial.—*Med. Times and Gaz.*

7. *Treatment of Traumatic Tetanus.*—In the case of a man, aged twenty-four, where severe tetanic paroxysms followed three weeks after a gun-shot wound in the hand, the late Dr. St. G. Williams (*Madras Medical Journal*) gave at first tincture of hyoscyamus with opium and camphorated mixture, a liniment of ammonia and laudanum along the spine, and an occasional purgative draught. Tincture of Indian hemp was soon substituted for hyoscyamus; leeches to the wound; calomel and morphia occasionally. On the fourth day the skin appeared of a darkish tint, lips bluish, respiration frequently entirely checked during the paroxysm, the heart's action scarcely perceptibly, spasms hardly ever absent. Prescription: chloroform two drachms, extract of belladonna six grains. Thirty minims every hour in a small spoonful of water. In two hours the paroxysms were shorter and less frequent, when the last mixture was omitted and the cure completed under the ordinary treatment.

To a boy aged ten years, attacked by tetanus on the eighth day after an injury to a finger, Dr. G. Smith, of Hyderabad, administered a castor oil and turpentine enema, ordered a liniment of opium liniment one ounce, extract of belladonna half a drachm, tincture of aconite twenty minims, olive-oil two ounces; and gave then two drops every hour of Fleming's tincture of aconite, continuing this in doses varying with the severity of the disease. During seventeen days of treatment, a little over an ounce of the tincture was used, with an occasional purgation and other auxiliary measure. After the eighth day the disease began to give way. The antipathic action of the aconite and tetanus was very plain.—*Amer. Med. Times.*

8. *Gunshot Wounds produced during the loading of Artillery.*—Dr. Cortese relates (*Omodei Annali Univ. di Med.*) five cases, and gives the following summary of his observation. No other blow of a projectile imparts so great an amount of commotion to the entire limb, and the surgeon is therefore compelled to direct his attention to the whole extremity, whatever amount of lesion may be manifest in the hand. A neglect in this regard may lead to gangrene gaining possession of a large portion of the limb, or to a generalized suppuration, while a diminished power of reaction in the injured parts may give rise to purulent infection, or render amputation useless. When the hand is severely torn, its disarticulation and even the amputation of the

forearm is insufficient to secure recovery, because the tissues are more or less destroyed in their intimate structure in consequence of concussion. In such cases, the arm should be amputated. The sooner amputation is performed, the greater is the probability of a favorable result. The rapid and very extensive tumefaction of the limb constitutes a sufficiently certain criterion of the severity of the derangements which are propagated along its whole extent. When no fractures are detected in the diaphysis of the bone, some lesion in the ulnar articulation must be suspected. When the lesion does not seem severe enough to call at once for amputation, we must be prepared for secondary occurrences which will unfit the limb for its functions. Still, conservative treatment should in such cases be attempted.—*Brit. and For. Med-Chir. Review.*

9. *Chloride of Lime to Ulcerated Surfaces.*—As the result of observations in a wide field of practice, Dr. Hervieux strongly recommends the suppression of suppuration in serious wounds by means of the constant application of sponge which has been dipped in a solution of chloride of lime, in the proportion of one part to six or ten of water, according to the case. The sponge should be remoistened several times a day. The surface of severe wounds is thus transformed into a fresh, vermilion-colored one, exempt from fungosities and from all traces of suppuration, the cicatrical process is more regular, solid and satisfactory, all fætidity avoided. With the exception of cases where ulcers are kept up by affections of bone, the application gives rise to no erythema or other irritation of the surrounding surfaces. This procedure will be found of pre-eminent utility in phagadenic gangrene, eschars following bad fever, eczematous or scrofulous ulcers unconnected with diseased bone, hospital gangrene, laceration of the perineum, and in general, in all suppurating wounds of a bad character.—*Amer. Med. Monthly, from L'Union Med.*

10. *Treatment of Lateral Deviation of the Spine.*—Dr. Dubreuil, an orthopædic surgeon of Marseilles, demonstrates in a memoir just published, that all lateral deviations of the spine are attended with torsion of the vertebral column on its axis, precisely similar to the deflexion which may be artificially produced in a thin piece of whalebone, or a flexible green twig, bent in the shape of an S. If one of the extremities be forcibly twisted in one direction, the other will immediately become distorted in a contrary manner, and the intensity of the torsions is in exact proportion to that of the curvatures. These torsions Dr. Dubreuil proposes to untwist. He says: Let us suppose a common spinal deformity, in which the curvatures exist above on the right and below on the left side. I sit down and place the child, standing, with his back to me; I then cause him to stiffen his neck and left shoulder. While affording support with one hand to the child's right arm, and applying the other on the left hip, I prescribe a movement of the upper part of the body, tending to carry it to the left side and slightly backward, preventing at the same time all attempt to lower the shoulder or bend the trunk on the right hip. This movement, when properly performed, must cause rotation of the



dorsal vertebræ to the left, and consequently a corresponding motion of equal extent of the lumbar vertebræ. During the movement, the thumb of my left hand, lying over the first lumbar vertebræ, informs me of the degree of torsion of the spine, and whether the muscular action has been properly accomplished. These exercises are continued twenty or twenty-five minutes, with an interval of five or six minutes rest, and need, in general, not be repeated oftener than five times a week. Fatigue is to be avoided. The children, in the day-time, are under no restraint whatever, and sleep at night in bed perfectly free from bandages, or any other mechanical appliances. The result of thirty-three cases thus treated, may be summarized as follows: Curvature in the first degree (of Bouvier) is always curable in a space of time varying from two to six months, without any fear of relapse. The second degree of the disease can be cured in six or twelve months, provided the vertebræ are not altered in shape; in which case very slight curvatures will remain. As to the third degree, an amelioration almost equivalent to a complete cure may result from a treatment of twelve or eighteen months, in mild cases; in very severe ones, considerable improvement may be expected, which will much contribute to the restoration of health, and at least, check the further progress of the disease.—*Championnière's Journ.*; *Berkshire Med. Journ.*

11. *Treatment of Spinal Curvature.*—Holmes Coote, in one of his lectures, makes the following remarks: There is but one way of correcting spinal curvature, namely, by mechanical support and direct pressure. That pressure must be unremitting, commenced early, and maintained at the proper standard for many months, perhaps for years. The inconveniences attendant on such treatment are considerable, but we have nothing to put in its place. Localized movements may pull and even stretch contracted ligaments, but they can not guard against their recontraction. But in nearly every case there is a stage in which a moderate amount of support will effect all that is necessary. When the spine first begins to yield, the curve being periodical, as it were, and coming on only in certain postures of the body, or after fatigue, the greatest benefit may be obtained by wearing stays with lateral supports. These side-crutches, introduced so as to present no unsightliness nor demand alteration in the dress, serve to maintain the spine in the upright position. The so-called French stays fix in front, but can be tightened to any degree by strings which pass from behind forwards and then around the waist. The patient should rest upon the sofa, whenever the back begins to ache. With this mechanical treatment may be combined the use of tonics, proper out-door exercise, and any well regulated amount of calisthenics. The more decided curvatures, however, are to be treated only by powerful apparatus. The necessary instrument is weighty and strong; if it were not so, it could exert no active influence on the spine, which would press the instrument itself back, instead of yielding before it. The pressure is exerted by pads attached to steel rods moved with cog-wheels. The object in view is to raise the depressed shoulder, to push as far as possible into place, by gentle yet unremitting force, the displaced bones, by acting on them

through the ribs, and to maintain them in their right position until the tendency to curvature has passed away. During all this time the patient may take the usual exercise, and follow her accustomed avocations. The attendance of a surgeon, in a confirmed case, must be very frequent, and extend over twelve months at least. The apparatus may be worn by infants as well as adults, but its management must never be left to the friends of the patient.—*London Lancet*.

12. *Preservation of the Teeth*.—In a paper read before the New York Dental Association, Dr. Franklin cited some highly interesting observations on saliva, made by Dr. Samuel Wright, of Edinburgh. Saliva is always denser after a meal than before it, in the evening than early in the day. It is commonly thickened by an abundant use of animal diet, by fatty food, and by oily fish. All alcoholic stimulants have a tendency to thicken the saliva, and in large quantities they not only alter its consistency, but materially diminish its activity. Alkalinity is essential to the proper performance of the physiological function of the saliva. The quantity of alkalies varies considerably, but if it exceeds one per cent. it indicates disease. The alkalies are increased in quantity during digestion, diminished in fasting, which sometimes renders the saliva acid. When, from any cause, the reaction is acid, spirits or pepper should be taken into the mouth, under the stimulus of which, in a healthy person, the quantity of alkali is always very much increased. This is always the case when the discharge is copious, for instance from chewing tobacco or during meals; smoking tobacco diminishes the quantity of alkali. Dr. Wright enumerates the following salivary diseases: deficient, redundant, fatty, sweet, albuminous, bilious, alkaline, fixed and ammoniacal, calcareous, saline, puriform, fetid, acrid, colored, frothy, urinary, gelatinous and milky saliva. In each of these conditions the saliva is more or less deficient in its normal elements, and in some of them highly destructive to the teeth, the most so when acid. Piggot says: The acids with which saliva is at present known to be contaminated, are the acetic, lactic, hydrochloric, oxalic and uric. Acid saliva may have a sour or an exaggerated salivary odor, both of which are increased by heat. It reddens litmus paper with greater or less intensity." Dr. Franklin adds, that a superior test-paper may be prepared by bruising dahlias and extracting the coloring matter with alcohol, wetting paper with the infusion and drying it. This paper turns green by the action of alkalies, remains blue in neutral solutions, and becomes red in acid.

The saliva is impregnated with lactic acid chiefly in gout, rheumatism, ague and fever, diabetes; with acetic acid in scrofula, scorbutus, small-pox, protracted indigestion; with muriatic acid in simple gastric derangement, and from immoderate use of animal food; with uric acid in gouty affections. The presence of oxalic acid depends most likely upon depraved digestion or imperfect assimilation. Acidity of the saliva is also apt to occur in various other disorders, as in typhoid and inflammatory fevers, measles, consumption, protracted venereal diseases, rickets, catarrh, mumps, quinsy, cancer of any part of the digestive apparatus, worms, and tedious dentition of weakly

or serofulous children. As an internal remedy for the correction of acid saliva, the carbonate of soda is preferable; merely taken into the mouth, all alkaline salts neutralize for a time the acidity of the secretions. Friction of the gums with simply brush and water produces for a time a strong alkaline reaction.—*New York Dental Journal*.

## MATERIA MEDICA.

13. *Diuretic Action of Colchicum*.—Experiments with the official tincture, upon himself as well as others, have satisfied Prof. W. A. Hammond, of Maryland, that colchicum is a true depurator of the blood, increasing not only the quantity of urine, but also the amount of solid matter eliminated. This increase seems mainly due to an augmentation of the organic matter. The amount of uric acid does not appear to be affected by colchicum.—*Amer. Med. Monthly*.

14. *Metamorphia*.—Dr. Tronmüller employed Wittstein's metamorphia as a soporific in seven cases, in doses of half a grain; the result was in five cases complete, in two partial. The muriate was employed in four cases at half a grain and in one case at a grain. The result was in three cases complete, in one partial, and in one unsatisfactory.—*Amer. Journ. of Pharm., from Wiltst. Vierteljahrsschr.*

15. *Kerosolene*.—In a letter to the Boston Society for Medical Improvement, Mr. Joshua Merrill, Superintendent of oil-works at South-Boston, gives the following statements in reference to this new claimant of anæsthetic power. It is the most volatile of the hydrocarbonated liquids derived from the decomposition of coal at low temperatures, and appears to be the lightest, specifically, of all known liquids, its specific gravity being 0.615–0.635. It seems to be chemically a pure liquid hydro-carbon, but has never been analyzed. Workmen who inhaled it, rapidly recover when brought to the open air; in from ten to fifteen minutes being able to resume their employment. One dollar per gallon will furnish it in quantities.—*Boston Med. and Surg. Journ.*

In three experiments made on full-grown rabbits by Dr. F. W. Reilly, no anaesthesia followed, but violent shivering, convulsions, and death from asphyxia in two instances.—*Chicago Med. Exam.*

16. *Kerosolene*.—Before the Middlesex East District (Mass.) Medical Society, Dr. S. A. Toothaker, of Wilmington, stated he had administered the article once with the most satisfactory results. It acted quickly; there was no suffocative difficulty, no nausea and no convulsions. The operation was for the extraction of a tooth, in a young man. Upon inhalation, he began to laugh and opened his mouth so as to afford an excellent opportunity to apply the forceps. The tooth came very hard. The man made some noise, and in a minute or two recovered his sensibilities. He knew nothing of the extraction, except by the blood in his mouth, and expressed himself as having had a pleasant dream. Quantity administered, one and a half fluid ounce; whole time occupied, five or six minutes. Dr. H. G.



Wakefield gave the anæsthetic twice to one patient with success. He came under its influence very readily, was inclined to laugh, but would not hold still. On the second occasion, full insensibility was not obtained. Two injured fingers were opened to the bone. He seemed just to feel it. On coming to himself, he said he did not suffer anything. No unpleasant effect whatever. Quantity employed in both trials, three fluid ounces. Dr. R. L. Hodgdon, of West-Cambridge, employed the kerosolene in a case of fracture of the radius. The patient went quickly off to sleep, without change in his pulse, and recovered sensibility sooner than with ether. Quantity administered, two fluid ounces. He also gave it to a woman for the extraction of four teeth, with success, and expressed the highest satisfaction with the results of his trials. Dr. A. Chapin had taken the kerosolene himself, with the effect of sudden anæsthesia. A lap-dog exposed to the evaporating article, came under its influence kindly, easily and quickly. In a frog, to which Dr. E. Cutter had given kerosolene successfully, it produced a stasis of the blood in the capillaries of the web of the foot, perhaps no more than has occurred with other anæsthetics.—*Boston Med. and Surg. Journ.*

17. *Kerosolene*.—Dr. G. P. Cady, of Nichols, Tioga Co., N. Y., took it to the point of entire insensibility to external impressions and gave it to several others. A sort of numbness is at first felt and anæsthesia to pricks and pinches occurs long before the person is insensible. Instead of sleep, as resulting from chloroform, there is a kind of trance in which the mind is still active. No bad effects whatever followed. It does not seem to produce any exhilaration, but acts purely as a sedative. The pulse in one or two instances was somewhat accelerated. It was given twice to a cat. The first time she soon became entirely insensible and remained so for some time, lying quiet and breathing natural. The second time, while in a state of perfect anæsthesia, she suddenly straightened out in a kind of convulsion, and giving three terrible groans, died.—*Amer. Med. Times.*

18. *Kerosolene*.—Mr. E. Parrish examined two bottles of the liquid, and found it tasteless, colorless, though highly refractive, inflammable, burning with a bright, smoky flame. It is very mobile and volatile. Its odor is very faint, reminding of chloroform, at first, though less agreeable as it evaporates, leaving not the slightest odor when it dries. Its specific gravity varied somewhat between .6346 and .6420. From this, and other circumstances, it was supposed that the liquid has not a uniform composition, but is a mixture of different carbohydrogens of varying density and volatility. Experiments have proved this to be a fact. The largest proportion of kerosolene is evidently composed of those very light carbohydrogens not present in coal tar, and not produced at the high temperatures employed in the production of illuminating gas. A chemical analysis presents many difficulties. Benzine or benzole is a constituent of this new liquid, anyline not; probably it contains traces of toluine and cumene. The solvent properties of the substance are of primary importance. It dissolves fixed oils in all proportions, common resin, wax, and cocoa-

butter freely, mastic and caoutchouc slightly, iodine sparingly. It mixes freely with alcohols, oil of turpentine, ether and chloroform, but not with water. In view of its use in medicine, the great uncertainty of its composition must interfere with its general adoption. Dr. Th. G. Morton gave it, in four or five instances, to full-grown cats: it did not appear to completely destroy sensibility, though it seemed to deaden pain. Generally, if the sponge was applied about fifteen minutes to the animals, convulsions and violent twitchings resulted.—*Amer. Journ. of Pharm.*

---

### OBSTETRICAL.

19. *The Spring Forceps*.—Dr. L. Elsberg read before the New York Medico-Chirurgical College a description of an improved obstetrical forceps, designed by Dr. Kristeller of Berlin, with a view to measure the degree of traction employed. The handle of each blade consists of a movable and a fixed part. The latter is a strong steel plate which forms the continuation of the cochlea. The movable part is a half-cylinder of brass, the plain surface of which is applied to the outer side of the steel-plate in such a way that the half-cylinder can freely glide up and down the plate, but can move in no other direction. Above, the half-cylinder is closed by a notched projection, intended to give support to the fingers of the operator; below, the cylinder terminates in the ordinary knob. Within the half-cylinder lies a strong spiral steel spring, riveted above to the notched prominences, over which the fingers are to be hooked during traction, and below to a bracket which is fixed immovably to the steel plate. When the operator makes traction, his right hand upon the prominences, and the left upon the shafts of the handles, the movable half-cylinders are drawn down, and the spiral springs are compressed, until their elasticity and the force employed neutralize each other. A graduated scale, attached to the lower portion of the handle, indicates the amount of such compression, or, in pounds, the force exerted. A traction, for instance, which compresses the springs of this forceps sixteen millimetres, implies a pulling power of thirty kilogrammes, or about eighty pounds. On the left blade there is a second scale, to which a brass plate with a projecting point is adapted in the manner of a nonius, to serve as the index for the maximal force of the traction. The plate glides down along the scale just as the half-cylinder moves down; but when the traction is diminished it does not move up again, but remains stationary at the lowest point, thus making the maximum power exerted. Whenever the circumstances permit, the increase and diminution of extractive power can be observed on the scale between the separated fingers, or below the hand, during the effort. Where this is impossible, the other scale indicates, after one or more tractions, what has been the greatest force exerted. After noting the maximum-power, the index must of course be pushed back to the zero point. It suffices to attach a scale on one blade only, as both sides must indicate the same power. Each branch of the forceps is provided with a stop, a little bolt, that can be pushed by means of a knob through both the

movable and fixed parts, firmly uniting them and thus converting the instrument into an ordinary obstetric forceps, Dr. Elsberg maintains, that the scale of the spring-forceps is a measure not only of the power exerted in the operation, but also of the amount of mechanical hindrance to delivery. Careful observation, when using the spring forceps, may soon lead to the determination of dynamometric numbers, which will have a similar value for diagnostic and prognostic purposes, as certain numbers of pelvic measurement.—*Amer. Med. Monthly.*

---

## Obitua! Record.

---

AT Cuyahoga Falls, Ohio, Dr. CHESTER W. RICE, aged fifty-eight years, of enlargement of the heart. He had practised his profession for more than thirty years, and leaves behind the reputation of a good physician.

FRAU DR. HEIDENREICH, nee von Siebold, died recently, at Darmstadt. She was born in 1792, studied the science of Midwifery at the universities of Göttingen and Giessen, and took her doctor's degree in 1817, not *honoris causa*, by favor of the faculty, but like any other German student, by writing the customary Latin dissertation, as well as defending, in public disputation, a number of medical theses. She took up her permanent abode at Darmstadt, where she was universally honored as one of the first living authorities in her special branch of science.

ON October 8th, ELI IVES, M.D., of New Haven, aged eighty-four, Emeritus Professor of Materia Medica in Yale College.

IN Dublin, on the 25th of September, the distinguished surgeon, Mr. CUSACK. He was Surgeon to Steven's and Swift's Hospitals; Regius Prof. of Surgery in Trinity College, and Surgeon in Ordinary to the Queen.

OCTOBER 15th, in Lancaster, Pa., Dr. JOHN MILLER, in the sixty-ninth year of his age.

SEPTEMBER 18th, in London, JOHN QUEKETT, Prof. of Histology in the Royal College of Surgeons of England.

AT the hospital Val-de-Grace, Paris, October 20th, aged forty-six, GASPARD-LEONARD SCRIRE, the distinguished Military Surgeon. Entering as a student at Lille, in 1833, he was gradually promoted until he was made Surgeon-in-Chief of the French army in the Crimea. As a reward for his great ability and skill in the performance of his duties, he was made Inspector of the Army, at the close of the war. He was regarded as the type of a military surgeon. He was the author of a work on Wounds, which was adopted by the minister of war. He was a member of several learned societies.











